
State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Filing at a Glance

Company: Cigna Health and Life Insurance Company
Product Name: LocalPlus
State: Colorado
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Rate
Date Submitted: 05/15/2013
SERFF Tr Num: CCGH-129028408
SERFF Status: Closed-Filed
State Tr Num: 278074
State Status: Filed
Co Tr Num:

Implementation 01/01/2014
Date Requested:
Author(s): Debbie Kingsley, Jennifer Linstone, Maria Mahmood, June Goddard
Reviewer(s): Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date: 07/30/2013
Disposition Status: Filed
Implementation Date: 01/01/2014

State Filing Description:
SERFF Binder Filing: CCGH-CO14-125000870

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 07/30/2013
State Status Changed: 07/30/2013
Deemer Date: Created By: Jennifer Linstone
Submitted By: Jennifer Linstone Corresponding Filing Tracking Number: CCGH-129000686
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Exchange Intentions: All plans in this filing have been submitted as part of our QHP application for CHLIC

Filing Description:

This filing contains initial premium rates for Cigna Health and Life Insurance Company's (CHLIC) new ACA compliant Individual plans. The proposed rates are to be effective January 1, 2014.

CHLIC requests confidential handling of this filing. We believe that this information is proprietary and critical to our business. The release of such information could be harmful if made public.

State Narrative:

The Division has filed the rates in their final form after all adjustments.

Company and Contact

Filing Contact Information

Jennifer Bonafilia, Compliance Specialist jennifer.bonafilia@cigna.com
900 Cottage Grove Road 860-226-8054 [Phone]
Hartford, CT 06152 860-226-5400 [FAX]

Filing Company Information

Cigna Health and Life Insurance Company	CoCode: 67369	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type: LAH
Bloomfield, CT 06002	Group Name:	State ID Number: CO
(860) 226-6000 ext. [Phone]	FEIN Number: 59-1031071	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 645, 649, 850

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State: Colorado Filing Company: Cigna Health and Life Insurance Company
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
 Product Name: LocalPlus
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Cathy Gilliland	07/30/2013	07/30/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cathy Gilliland	07/03/2013	07/03/2013
Pending Industry Response	Rachel Plummer	06/14/2013	06/14/2013
Pending Industry Response	Rachel Plummer	06/04/2013	06/04/2013
Pending Industry Response	Cathy Gilliland	05/29/2013	05/29/2013
Pending Industry Response	Cathy Gilliland	05/17/2013	05/17/2013

Response Letters

Responded By	Created On	Date Submitted
Jennifer Linstone	07/11/2013	07/11/2013
Jennifer Linstone	06/19/2013	06/19/2013
Jennifer Linstone	06/05/2013	06/05/2013
Jennifer Linstone	06/03/2013	06/03/2013
Jennifer Linstone	05/17/2013	05/17/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	CO Actuarial Memorandum	Jennifer Linstone	06/03/2013	06/03/2013

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extended response date to July 11th as Discussed On Our Phone Call from July 3rd.	Note To Filer	Michael Muldoon	07/03/2013	07/03/2013
objections	Note To Filer	Cathy Gilliland	05/17/2013	05/17/2013

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Disposition

Disposition Date: 07/30/2013
Implementation Date: 01/01/2014
Status: Filed

HHS Status: HHS Approved
State Review: Reviewed by Actuary

Comment: see attached letter

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Cigna Health and Life Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Percent Change Approved:

Minimum:	0.000%
Maximum:	0.000%
Weighted Average:	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	CO Actuarial Memorandum		Yes
Supporting Document	CO Actuarial Memorandum		Yes
Supporting Document	CO Actuarial Memorandum- Confidential		Yes
Supporting Document (revised)	Rate Sample		Yes
Supporting Document	Rate Sample- Confidential		Yes
Supporting Document	CO Actuarial Certification		Yes
Supporting Document	AVC Inputs		Yes
Supporting Document (revised)	Confidentiality Index		Yes
Supporting Document	Confidentiality Index		Yes
Supporting Document	Response to Objection dated 5/29		Yes
Supporting Document	Response to Objection dated 6/4		Yes
Supporting Document	Response to Objection date 6/14		Yes
Supporting Document	Response to Objection dated 7/3		Yes
Form	Policy		Yes
Rate (revised)	Rate Manual		Yes
Rate	Rate Manual		Yes

Final Disposition Letter

State Tracking # 278074

Company: Cigna Health and Life Insurance Company

Product Line: Individual-PPO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Both On and Off Exchange Plans

Gold: 3 plans

Silver: 5 plans

Bronze: 3 plans

Catastrophic:

Rate Methodology

Experience Used for Rate Setting: CIGNA's 2012 National Group business.

2012 Experience Period Loss Ratio: 86.8% for an average of 557,034 lives enrolled with \$2.812 Billion in premium (\$420.71 pmpm).

Annual Health Cost Trends: 11.4% overall . This is 9.2% health cost trend with a 9.1% medical and 9.2% for Pharmacy. Plus 2.0% leveraged trend.

Risk Adjustment: 0% (no payments expected from the federal Risk Adjustment Program in 2014).

Reinsurance Recoveries: -10.8% (payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 15% higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$341.45

* Federal Reported 2014 Comparable Average Premium: \$341.45

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total target retention is 21.94% of premium shown as follows:

	<u>Issuer Primary Expense and Profit Retention</u>	<u>% of Premium Retained</u>
	Administrative Expenses:	9.56%
	Commissions:	4.00%
	Profit and Contingencies:	2.50%
	Investment Income:	0.00%
(A)	Total:	16.06%
	<u>Retention for Additional Required Taxes, Fees and Assessments</u>	
	PPACA Health Insurer Fee:	2.20%
	PPACA Reinsurance Fee:	1.50%
	Other PPACA Fees:	0.00%
	PPACA Risk Adjustment User Fee:	0.02%
	PPACA PCORI Fee:	0.04%
	Exchange user fees:	1.12%
	Premium Taxes:	1.00%
	Other Fees, Assessments, Taxes:	
(B)	Total:	5.88%
	<u>Additional Allowed for QI & Member Welfare Section</u>	
	Quality Improvement:	
	Community Charitable:	
	IT for ICD-10 Conversion (max allowed 0.3%):	
(C)	Total:	0.00%
(D)	Total Premium Retention For All Purposes (A + B + C):	21.94%
(E)	Colorado Conventional Loss Ratio (100% - D):	78.06%
	Simplified Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):	82.94%

Sample of Final Premium Levels

	Denver			
	21 Year Old		64 Year Old	
	LOW	High	Low	High
Gold	\$287.42	\$302.87	\$862.26	\$908.61
Silver	\$248.96	\$279.25	\$746.88	\$837.75
Bronze	\$211.40	\$232.00	\$634.20	\$696.00

Final Disposition Letter

Division Objections and Rate Changes During the Review Process

The issuer answered all questions addressed by the Division.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/03/2013
Submitted Date	07/03/2013
Respond By Date	07/11/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- CO Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Experience- Please provide the large group business support for the experience used on the rate setting.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/08/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/08/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/14/2013
Submitted Date	06/14/2013
Respond By Date	06/19/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a calculation summary that includes the starting index rate along with all of the components and factors used to reach the final index rate. Be sure to include all adjustments. Please upload an excel and pdf version of this summary.

Objection 2

Comments: The Colorado Actuarial Memorandum you submitted indicates a 5% morbidity load, but your URRT states a morbidity factor of 1.000. Please clarify which factor is correct and make changes to the appropriate documents.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/19/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/19/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/04/2013
Submitted Date	06/04/2013
Respond By Date	06/18/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

*Comments: ****note: actuarial memorandum, certification, rate sample are not confidential*

Objection 2

- CO Actuarial Memorandum- Confidential (Supporting Document)

Comments: Please explain why your retention components on (G), commissions are different than your financials.

Objection 3

Comments: Please provide the URRT is a xls file. We cannot download the zip file.

Objection 4

Comments: The Actuarial Memorandu is not confidential, although you have some information (I) that could be confidential.

Please re-submit the Colorado Actuarial Memorandum without Confidential information attached. You may attach the information to the supporting docs

Objection 5

- CO Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) PPACA rate filing procedure (A) 5, please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Objection 6

Comments: Please provide the number of member months under the Requested Rate Change Information of the Rate Review Detail section.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/18/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/18/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

*Sincerely,
Rachel Plummer*

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/05/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: If any documents are in an excel format, please also provide them as PDF files.

Objection 2

Comments: Regulation 4-2-11 section 6 (A) Please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/17/2013
Submitted Date	05/17/2013
Respond By Date	05/21/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please correct the requested filing mode on the General Information tab to File and Use.

Objection 2

Comments: Please reattach the rate manual as a PDF file as we are not able to open the zip file.

Objection 3

Comments: Please make the part 3 Actuarial Memorandum not confidential. Any information that is requested in Regulation 4-2-11 section 6 is not confidential. DOI will be temporarily suspending its usual practice of making rate filings immediately available to the public. The Division will carefully review the filings, and any information or documents that have been marked as confidential, prior to making any information available. The DOI will then make all rate filings available to the public on May 22, 2013.

Objection 4

Comments: Actuarial Memorandum and rate sample are not confidential. Please unmark the confidential. we will be temporarily suspending its usual practice of making rate filings immediately available to the public. The Division will carefully review the filings, and any information or documents that have been marked as confidential, prior to making any information available. The DOI will then make all rate filings available to the public on May 22, 2013.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/21/2013, which is within 6 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/21/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/11/2013
Submitted Date	07/11/2013

Dear Cathy Gilliland,

Introduction:

The following is in response top your objection dated 7/3/2013.

Response 1

Comments:

PLease see attached letter under Supporting Documents.

Related Objection 1

Applies To:

- CO Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Experience- Please provide the large group business support for the experience used on the rate setting.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection dated 7/3
Comments:	
Attachment(s):	2014 Filing Response - Cover Letter 7.11.2013.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any further questions.

Thanks, Jenn

Sincerely,

Jennifer Linstone

SERFF Tracking #:	CCGH-129028408	State Tracking #:	278074	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
Product Name:	LocalPlus				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/19/2013
Submitted Date	06/19/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to your objection dated 6/14.

Response 1

Comments:

Please see attached under Supporting Documents.

Related Objection 1

Comments: Please provide a calculation summary that includes the starting index rate along with all of the components and factors used to reach the final index rate. Be sure to include all adjustments. Please upload an excel and pdf version of this summary.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see attached under Supporting Documents.

Related Objection 2

Comments: The Colorado Actuarial Memorandum you submitted indicates a 5% morbidity load, but your URRT states a morbidity factor of 1.000. Please clarify which factor is correct and make changes to the appropriate documents.

Changed Items:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection date 6/14
Comments:	
Attachment(s):	CO response 06.19.13.pdf CO Response 06.19.13 Exhibit.xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any further questions.

Thanks, Jenn

Sincerely,

Jennifer Linstone

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/05/2013
Submitted Date	06/05/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to your objection dated 6/4/2013.

Response 1

Comments:

These documents were modified to not be marked as confidential in response to an objection letter received on May 17, 2013.

Related Objection 1

Comments: ****note: actuarial memorandum, certification, rate sample are not confidential

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The commissions shown in Section G are not different from the financials, but are summarized in a different fashion. Since the retention components shown represent the retention on average across the entire book, the commission percentage of 4% represents a socialized commission percentage based on projected enrollment by distribution channel since not all distribution channels have a commission acquisition expense. The 13.56% that is described in the administrative expense load subpart of Section G includes both the commissions and general expenses.

Related Objection 2

Applies To:

- CO Actuarial Memorandum- Confidential (Supporting Document)

Comments: Please explain why your retention components on (G), commissions are different than your financials.

Changed Items:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have attached the URRT as an xls file.

Related Objection 3

Comments: Please provide the URRT is a xls file. We cannot download the zip file.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

These documents were modified to not be marked as confidential in response to an objection letter received on May 17, 2013.

Related Objection 4

Comments: The Actuarial Memorandu is not confidential, although you have some information (I) that could be confidential. Please re-submit the Colorado Actuarial Memorandum without Confidential information attached. You may attach the information to the supporting docs

Changed Items:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO.UnifiedRateReviewSubmissionv1.6.pdf CO.UnifiedRateReviewSubmissionv1.6.xlsm CO.UnifiedRateReviewSubmissionv1.6.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i> <i>CO.UnifiedRateReviewSubmissionv1.6.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i>
Satisfied - Item:	Response to Objection dated 6/4
Comments:	
Attachment(s):	CO response 06.05.13.pdf

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO.UnifiedRateReviewSubmissionv1.6.pdf CO.UnifiedRateReviewSubmissionv1.6.xlsm CO.UnifiedRateReviewSubmissionv1.6.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i> <i>CO.UnifiedRateReviewSubmissionv1.6.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i>

Satisfied - Item:	Response to Objection dated 6/4
Comments:	
Attachment(s):	CO response 06.05.13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

We received this objection previously on May 29 and have already provided a response. We have attached our submitted response to this response for your reference in Appendix A.

Related Objection 5

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Applies To:

- CO Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) PPACA rate filing procedure (A) 5, please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The member months in this section is intended to represent the member months from the experience period. This will be the first year that individual health insurance coverage will be offered by CHLIC in Colorado. Since this is a filing for a new product, there are no member months to report. For your reference, our projected member months for 2014 are 178,193 as seen in Section G of the actuarial memorandum in the projected federal MLR exhibit. If the department interprets this section differently and thinks the projected member months shown above should be included in the rate review detail section, please let us know and we can make this change.

Related Objection 6

Comments: Please provide the number of member months under the Requested Rate Change Information of the Rate Review Detail section.

Changed Items:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO.UnifiedRateReviewSubmissionv1.6.pdf CO.UnifiedRateReviewSubmissionv1.6.xlsm CO.UnifiedRateReviewSubmissionv1.6.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i> <i>CO.UnifiedRateReviewSubmissionv1.6.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i>
Satisfied - Item:	Response to Objection dated 6/4
Comments:	
Attachment(s):	CO response 06.05.13.pdf

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO.UnifiedRateReviewSubmissionv1.6.pdf CO.UnifiedRateReviewSubmissionv1.6.xlsm CO.UnifiedRateReviewSubmissionv1.6.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip CO.UnifiedRateReviewSubmissionv1.6.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i>

Satisfied - Item:	Response to Objection dated 6/4
Comments:	
Attachment(s):	CO response 06.05.13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any further questions.

Thanks, Jenn

Sincerely,

Jennifer Linstone

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2013
Submitted Date	06/03/2013

Dear Cathy Gilliland,

Introduction:

Hi Cathy-

The following is in reponse to your objection dated 5/29.

Response 1

Comments:

The only file other than your Actuarial Memorandum Template that was in excel format was the Unifed Rate Review Template. I attached a pdf version. Please let me know if you need the Actuarial memo in pdf too, because the file is so big it did not convert properly.

Related Objection 1

Comments: If any documents are in an excel format, please also provide them as PDF files.

Changed Items:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO URR Template.zip CO.UnifiedRateReviewSubmissionv1.6.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i>

Satisfied - Item:	Response to Objection dated 5/29
Comments:	
Attachment(s):	CO response 06.03.13.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO URR Template.zip CO.UnifiedRateReviewSubmissionv1.6.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>CO URR Template.zip</i>

Satisfied - Item:	Response to Objection dated 5/29
Comments:	
Attachment(s):	CO response 06.03.13.pdf

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

See attached response under Supporting Documents.

Related Objection 2

Comments: Regulation 4-2-11 section 6 (A) Please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you need anything further.

Thanks!

Jenn

Sincerely,

Jennifer Linstone

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/17/2013
Submitted Date	05/17/2013

Dear Cathy Gilliland,

Introduction:

Hi Cathy-

The following is in response to your objection dated 5/17.

Response 1

Comments:

I have submitted a post submission update to change the filing mode to File/Use

Related Objection 1

Comments: Please correct the requested filing mode on the General Information tab to File and Use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

I attached the file as pdf.

Related Objection 2

Comments: Please reattach the rate manual as a PDF file as we are not able to open the zip file.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Response 3

Comments:

I have removed the confidentiality and removed the index (please note: Serff wouldn't let me remove the Index header).

Related Objection 3

Comments: Please make the part 3 Actuarial Memorandum not confidential. Any information that is requested in Regulation 4-2-11 section 6 is not confidential. DOI will be temporarily suspending its usual practice of making rate filings immediately available to the public. The Division will carefully review the filings, and any information or documents that have been marked as confidential, prior to making any information available. The DOI will then make all rate filings available to the public on May 22, 2013.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

I have removed the confidentiality and removed the index (please note: Serff wouldn't let me remove the Index header).

Related Objection 4

Comments: Actuarial Memorandum and rate sample are not confidential. Please unmark the confidential. we will be temporarily suspending its usual practice of making rate filings immediately available to the public. The Division will carefully review the filings, and any information or documents that have been marked as confidential, prior to making any information available. The DOI will then make all rate filings available to the public on May 22, 2013.

Changed Items:

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf</i>
Satisfied - Item:	CO Actuarial Memorandum
Comments:	Had to zip the excel file to upload.
Attachment(s):	CO.ActuarialMemorandum.051413.pdf CO.zip
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum- Confidential</i>
Comments:	<i>Had to zip the excel file to upload.</i>
Attachment(s):	<i>CO Memorandum.zip</i> <i>CO.ActuarialMemorandum.051413.pdf</i>
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	CO.RateSample.05142013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample- Confidential</i>
Comments:	<i>Had to zip excel file to upload</i>
Attachment(s):	<i>CO Rate Sample.zip</i> <i>CO.RateSample.05142013.pdf</i>

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Satisfied - Item:	Confidentiality Index
Comments:	Serff will not let me remove the Name. I removed the index because it does not apply anymore.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidentiality Index</i>
Comments:	
Attachment(s):	<i>Confidentiality Index.pdf</i>

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf</i>
Satisfied - Item:	CO Actuarial Memorandum
Comments:	Had to zip the excel file to upload.
Attachment(s):	CO.ActuarialMemorandum.051413.pdf CO.zip
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum- Confidential</i>
Comments:	<i>Had to zip the excel file to upload.</i>
Attachment(s):	<i>CO Memorandum.zip</i> <i>CO.ActuarialMemorandum.051413.pdf</i>
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	CO.RateSample.05142013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample- Confidential</i>
Comments:	<i>Had to zip excel file to upload</i>
Attachment(s):	<i>CO Rate Sample.zip</i> <i>CO.RateSample.05142013.pdf</i>

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Satisfied - Item:	Confidentiality Index
Comments:	Serff will not let me remove the Name. I removed the index because it does not apply anymore.
Attachment(s):	
Previous Version	
Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	Confidentiality Index.pdf

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf</i>
Satisfied - Item:	CO Actuarial Memorandum
Comments:	Had to zip the excel file to upload.
Attachment(s):	CO.ActuarialMemorandum.051413.pdf CO.zip
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum- Confidential</i>
Comments:	<i>Had to zip the excel file to upload.</i>
Attachment(s):	<i>CO Memorandum.zip</i> <i>CO.ActuarialMemorandum.051413.pdf</i>
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	CO.RateSample.05142013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample- Confidential</i>
Comments:	<i>Had to zip excel file to upload</i>
Attachment(s):	<i>CO Rate Sample.zip</i> <i>CO.RateSample.05142013.pdf</i>

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Satisfied - Item:	Confidentiality Index
Comments:	Serff will not let me remove the Name. I removed the index because it does not apply anymore.
Attachment(s):	
Previous Version	
Satisfied - Item:	Confidentiality Index
Comments:	
Attachment(s):	Confidentiality Index.pdf

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf</i>
Satisfied - Item:	CO Actuarial Memorandum
Comments:	Had to zip the excel file to upload.
Attachment(s):	CO.ActuarialMemorandum.051413.pdf CO.zip
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum- Confidential</i>
Comments:	<i>Had to zip the excel file to upload.</i>
Attachment(s):	<i>CO Memorandum.zip</i> <i>CO.ActuarialMemorandum.051413.pdf</i>
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	CO.RateSample.05142013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample- Confidential</i>
Comments:	<i>Had to zip excel file to upload</i>
Attachment(s):	<i>CO Rate Sample.zip</i> <i>CO.RateSample.05142013.pdf</i>

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Satisfied - Item:	Confidentiality Index
Comments:	Serff will not let me remove the Name. I removed the index because it does not apply anymore.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Confidentiality Index</i>
Comments:	
Attachment(s):	<i>Confidentiality Index.pdf</i>

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	COCHIND0413	New		CO.RateManual.05142013.pdf,	05/17/2013 By: Jennifer Linstone
<i>Previous Version</i>						
1	<i>Rate Manual</i>	<i>COCHIND0413</i>	<i>New</i>		<i>CO.zip,</i>	<i>05/15/2013 By: Jennifer Linstone</i>

Conclusion:

Please let me know if you require anything further.

Thank you for your time and attention to this filing.

Jenn

Sincerely,

Jennifer Linstone

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 06/03/2013

Comments:

Hi Cathy- I attached the pdf version of the DOI's memorandum so you could see how it converted. Any ideas? Or are you okay with just the excel format.

Thanks, Jenn

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	CO Actuarial Memorandum
Comments:	Had to zip the excel file to upload.
Attachment(s):	CO.ActuarialMemorandum.051413.pdf CO.zip CO.ActuarialMemorandum6-3.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum</i>
Comments:	<i>Had to zip the excel file to upload.</i>
Attachment(s):	<i>CO.ActuarialMemorandum.051413.pdf CO.zip</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>CO Actuarial Memorandum- Confidential</i>
Comments:	<i>Had to zip the excel file to upload.</i>
Attachment(s):	<i>CO Memorandum.zip CO.ActuarialMemorandum.051413.pdf</i>

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Note To Filer

Created By:

Michael Muldoon on 07/03/2013 09:29 PM

Last Edited By:

Michael Muldoon

Submitted On:

07/03/2013 09:29 PM

Subject:

Extended response date to July 11th as Discussed On Our Phone Call from July 3rd.

Comments:

Regarding our objection letter sent July 3rd, I have extended the response date to July 11th as we discussed on our phone call from earlier today (July 3rd).

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Note To Filer

Created By:

Cathy Gilliland on 05/17/2013 01:18 PM

Last Edited By:

Cathy Gilliland

Submitted On:

05/21/2013 08:58 AM

Subject:

objections

Comments:

file has not been completed for objections. Need confidential items addressed.

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Post Submission Update Request Processed On 05/24/2013

Status: Allowed
Created By: Jennifer Linstone
Processed By: Cathy Gilliland
Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Form Schedule

Lead Form Number: COCHIND0413								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy	COCHIND0413	POL	Other	Rate Filing		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Rate Justification

ogy

Experience Used for Rate Setting: CIGNA's 2012 National Group business. 2012 Experience Period Loss Ratio: 86.8 or an average of 557,034 lives enrolled with \$2.812 Billion in premium (\$420.71 pmpr).

Annual Health Cost Trends: 11.4% overall. This is 9.2% health cost trend with a 9.1% medical and 9.2% or Pharmacy. Plus 2.0% leveraged trend. Risk Adjustment: 0% payments expected from the federal Risk Adjustment Program in 2014). Reinsurance Recoveries: -10.8% payments expected from the federal Reinsurance Program in 2014).

Smoking Factor: 15% higher rates for smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$341.45

* Federal Reported 2014 Comparable Average Premium: \$341.45

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions

to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total target retention is 21.94% premium shown as follows:

f Premium

Issuer Primary Expense and Profit Retention Retained

Administrative Expenses: 9.56% commissions: 4.00% profit and Contingencies: 2.50% investment Income: 0.00% (A) Total: 16.06% retention for Additional Required Taxes, Fees and Assessments

PPACA Health Insurer Fee: 2.20% PACA Reinsurance Fee: 1.50% other PPACA Fees: 0.00% PACA Risk Adjustment User Fee: 0.02

PACA PCORI Fee: 0.04% exchange user fees: 1.12% premium Taxes: 1.00% other Fees, Assessments, Taxes:

(B) Total:

5.88

Additional Allowed for QI

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Serff
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):	
Cigna Health and Life Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:									
Policy Holders:									

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: LocalPlus
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Cigna Health and Life Insurance Company
HHS Issuer Id: 49375
Product Names: LocalPlus
Trend Factors: n/a

FORMS:

New Policy Forms: COCHIND0413
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change:
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 59,712,474.00
Projected Incurred Claims: 46,575,730.00
Annual \$: Min: 134.24 Max: 1,044.89 Avg: 335.10

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	COCHIND0413	New		CO.RateManual.05142013.pdf,

Exhibit I - Rate Manual - Factors

Company Legal Name: **Cigna Health and Life Insurance Company**
HIOS Issuer ID: **49375**
Effective Date: **01/01/2014**

Reference Plan

Plan ID	Plan Name	Premium
49375CO0020010	myCigna Health Flex 1250	302.87

Rating Area Factor

Area	Factor
Rating Area 3	1.000

Tobacco Use

ID	Factor
Non-Tobacco User	1.000
Tobacco User	1.150

Federal Age Slope

Age	Factor
0-20	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

Premium Relativities

Plan ID	Plan Name	Relativity
49375CO0020010	myCigna Health Flex 1250	1.000
49375CO0020011	myCigna Copay Assure Gold	0.985
49375CO0020009	myCigna Health Savings 1900	0.949
49375CO0020008	myCigna Copay Assure Silver	0.922
49375CO0020007	myCigna Health Flex 5000	0.844
49375CO0020006	myCigna Health Flex 2750	0.839
49375CO0020004	myCigna Health Savings 3400	0.827
49375CO0020005	myCigna Health Flex 1500	0.822
49375CO0020003	myCigna Health Flex 5100	0.766
49375CO0020002	myCigna Health Flex 5500	0.725
49375CO0020001	myCigna Health Savings 6100	0.698

Exhibit II - Rate Manual - Rates

Company Legal Name: **Cigna Health and Life Insurance Company**
HIOS Issuer ID: **49375**
Effective Date: **01/01/2014**

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$134.24	\$154.37
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$211.40	\$243.11
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$211.40	\$243.11
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$211.40	\$243.11
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$211.40	\$243.11
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$212.25	\$244.08
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$216.47	\$248.94
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$221.55	\$254.78
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$229.79	\$264.26
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$236.56	\$272.04
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$239.94	\$275.93
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$245.01	\$281.76
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$250.09	\$287.60
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$253.26	\$291.25
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$256.64	\$295.14
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$258.33	\$297.08
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$260.02	\$299.03
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$261.71	\$300.97
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$263.40	\$302.92
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$266.79	\$306.80
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$270.17	\$310.69
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$275.24	\$316.53
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$280.11	\$322.12
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$286.87	\$329.90
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$295.33	\$339.62
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$305.26	\$351.05
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$317.10	\$364.67
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$330.42	\$379.98
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$345.64	\$397.48
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$360.65	\$414.75
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$377.56	\$434.19
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$394.26	\$453.40
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$412.65	\$474.55
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$431.26	\$495.94
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$451.34	\$519.04
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$471.42	\$542.14
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$493.20	\$567.18
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$515.18	\$592.46
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$538.65	\$619.44
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$550.27	\$632.82
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$573.74	\$659.80
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$594.03	\$683.14
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$607.35	\$698.46
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$624.05	\$717.66
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$634.20	\$729.33
49375CO0020001	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$634.20	\$729.33
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$139.43	\$160.35
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$219.58	\$252.52

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$219.58	\$252.52
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$219.58	\$252.52
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$219.58	\$252.52
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$220.46	\$253.53
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$224.85	\$258.58
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$230.12	\$264.64
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$238.68	\$274.49
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$245.71	\$282.57
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$249.22	\$286.61
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$254.49	\$292.67
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$259.76	\$298.73
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$263.06	\$302.52
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$266.57	\$306.56
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$268.33	\$308.58
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$270.08	\$310.60
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$271.84	\$312.62
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$273.60	\$314.64
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$277.11	\$318.68
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$280.62	\$322.72
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$285.89	\$328.78
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$290.94	\$334.59
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$297.97	\$342.67
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$306.75	\$352.77
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$317.07	\$364.64
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$329.37	\$378.78
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$343.20	\$394.69
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$359.01	\$412.87
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$374.60	\$430.80
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$392.17	\$451.00
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$409.52	\$470.95
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$428.62	\$492.92
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$447.94	\$515.14
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$468.80	\$539.13
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$489.66	\$563.12
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$512.28	\$589.13
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$535.12	\$615.39
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$559.49	\$643.42
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$571.57	\$657.31
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$595.94	\$685.34
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$617.02	\$709.58
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$630.85	\$725.49
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$648.20	\$745.44
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$658.74	\$757.56
49375CO0020002	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$658.74	\$757.56
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$147.32	\$169.42
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$232.00	\$266.80
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$232.00	\$266.80
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$232.00	\$266.80
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$232.00	\$266.80
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$232.93	\$267.87
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$237.57	\$273.20
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$243.14	\$279.61
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$252.18	\$290.01
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$259.61	\$298.55
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$263.32	\$302.82
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$268.89	\$309.22
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$274.46	\$315.62

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$277.94	\$319.63
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$281.65	\$323.90
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$283.50	\$326.03
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$285.36	\$328.16
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$287.22	\$330.30
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$289.07	\$332.43
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$292.78	\$336.70
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$296.50	\$340.97
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$302.06	\$347.37
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$307.40	\$353.51
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$314.82	\$362.05
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$324.10	\$372.72
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$335.01	\$385.26
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$348.00	\$400.20
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$362.62	\$417.01
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$379.32	\$436.22
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$395.79	\$455.16
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$414.35	\$476.50
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$432.68	\$497.58
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$452.86	\$520.79
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$473.28	\$544.27
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$495.32	\$569.62
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$517.36	\$594.96
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$541.26	\$622.44
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$565.38	\$650.19
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$591.14	\$679.81
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$603.90	\$694.48
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$629.65	\$724.10
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$651.92	\$749.71
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$666.54	\$766.52
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$684.86	\$787.59
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$696.00	\$800.40
49375CO0020003	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$696.00	\$800.40
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$159.05	\$182.91
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$250.47	\$288.04
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$250.47	\$288.04
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$250.47	\$288.04
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$250.47	\$288.04
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$251.47	\$289.19
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$256.48	\$294.95
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$262.49	\$301.87
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$272.26	\$313.10
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$280.28	\$322.32
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$284.28	\$326.93
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$290.29	\$333.84
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$296.31	\$340.75
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$300.06	\$345.07
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$304.07	\$349.68
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$306.07	\$351.98
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$308.08	\$354.29
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$310.08	\$356.59
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$312.09	\$358.90
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$316.09	\$363.51
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$320.10	\$368.12
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$326.11	\$375.03
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$331.87	\$381.65
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$339.89	\$390.87

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$349.91	\$402.39
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$361.68	\$415.93
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$375.71	\$432.06
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$391.48	\$450.21
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$409.52	\$470.95
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$427.30	\$491.40
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$447.34	\$514.44
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$467.13	\$537.19
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$488.92	\$562.25
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$510.96	\$587.60
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$534.75	\$614.97
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$558.55	\$642.33
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$584.35	\$672.00
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$610.40	\$701.95
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$638.20	\$733.93
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$651.97	\$749.77
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$679.78	\$781.74
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$703.82	\$809.39
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$719.60	\$827.54
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$739.39	\$850.29
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$751.41	\$864.12
49375CO0020004	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$751.41	\$864.12
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$158.09	\$181.80
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$248.96	\$286.30
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$248.96	\$286.30
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$248.96	\$286.30
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$248.96	\$286.30
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$249.96	\$287.45
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$254.94	\$293.17
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$260.91	\$300.04
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$270.62	\$311.21
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$278.59	\$320.37
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$282.57	\$324.95
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$288.54	\$331.82
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$294.52	\$338.69
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$298.25	\$342.99
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$302.24	\$347.57
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$304.23	\$349.86
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$306.22	\$352.15
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$308.21	\$354.44
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$310.20	\$356.73
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$314.19	\$361.31
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$318.17	\$365.89
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$324.15	\$372.76
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$329.87	\$379.35
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$337.84	\$388.51
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$347.80	\$399.96
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$359.50	\$413.42
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$373.44	\$429.45
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$389.12	\$447.49
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$407.05	\$468.10
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$424.73	\$488.43
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$444.64	\$511.33
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$464.31	\$533.95
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$485.97	\$558.86
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$507.88	\$584.05
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$531.53	\$611.25

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$555.18	\$638.45
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$580.82	\$667.94
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$606.72	\$697.71
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$634.35	\$729.49
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$648.04	\$745.24
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$675.68	\$777.02
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$699.58	\$804.50
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$715.26	\$822.54
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$734.93	\$845.16
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$746.88	\$858.90
49375CO0020005	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$746.88	\$858.90
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$161.36	\$185.56
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$254.11	\$292.22
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$254.11	\$292.22
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$254.11	\$292.22
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$254.11	\$292.22
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$255.13	\$293.39
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$260.21	\$299.23
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$266.31	\$306.25
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$276.22	\$317.64
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$284.35	\$326.99
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$288.41	\$331.67
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$294.51	\$338.68
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$300.61	\$345.70
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$304.42	\$350.08
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$308.49	\$354.76
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$310.52	\$357.09
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$312.56	\$359.43
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$314.59	\$361.77
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$316.62	\$364.11
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$320.69	\$368.78
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$324.75	\$373.46
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$330.85	\$380.47
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$336.70	\$387.19
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$344.83	\$396.54
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$354.99	\$408.23
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$366.93	\$421.97
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$381.17	\$438.33
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$397.17	\$456.74
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$415.47	\$477.78
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$433.51	\$498.53
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$453.84	\$521.90
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$473.92	\$544.99
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$496.02	\$570.41
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$518.38	\$596.13
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$542.52	\$623.89
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$566.67	\$651.65
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$592.84	\$681.75
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$619.27	\$712.14
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$647.47	\$744.58
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$661.45	\$760.65
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$689.65	\$793.09
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$714.05	\$821.14
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$730.06	\$839.55
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$750.13	\$862.63
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$762.33	\$876.66
49375CO0020006	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$762.33	\$876.66

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$162.32	\$186.67
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$255.62	\$293.97
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$255.62	\$293.97
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$255.62	\$293.97
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$255.62	\$293.97
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$256.64	\$295.15
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$261.75	\$301.03
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$267.89	\$308.08
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$277.86	\$319.55
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$286.04	\$328.95
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$290.13	\$333.66
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$296.26	\$340.71
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$302.40	\$347.77
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$306.23	\$352.18
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$310.32	\$356.88
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$312.37	\$359.23
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$314.41	\$361.58
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$316.46	\$363.93
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$318.50	\$366.29
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$322.59	\$370.99
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$326.68	\$375.69
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$332.82	\$382.75
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$338.70	\$389.51
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$346.88	\$398.92
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$357.10	\$410.68
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$369.12	\$424.49
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$383.43	\$440.96
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$399.53	\$459.48
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$417.94	\$480.64
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$436.09	\$501.51
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$456.54	\$525.03
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$476.73	\$548.25
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$498.97	\$573.83
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$521.46	\$599.70
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$545.75	\$627.63
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$570.03	\$655.55
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$596.36	\$685.83
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$622.95	\$716.40
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$651.32	\$749.04
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$665.38	\$765.20
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$693.75	\$797.83
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$718.29	\$826.06
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$734.40	\$844.58
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$754.59	\$867.80
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$766.86	\$881.91
49375CO0020007	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$766.86	\$881.91
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$177.32	\$203.92
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$279.25	\$321.13
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$279.25	\$321.13
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$279.25	\$321.13
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$279.25	\$321.13
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$280.37	\$322.41
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$285.95	\$328.84
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$292.65	\$336.54
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$303.54	\$349.07
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$312.48	\$359.34
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$316.95	\$364.48

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$323.65	\$372.19
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$330.35	\$379.90
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$334.54	\$384.71
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$339.01	\$389.85
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$341.24	\$392.42
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$343.48	\$394.99
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$345.71	\$397.56
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$347.95	\$400.13
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$352.41	\$405.27
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$356.88	\$410.40
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$363.58	\$418.11
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$370.01	\$425.50
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$378.94	\$435.77
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$390.11	\$448.62
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$403.24	\$463.71
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$418.88	\$481.70
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$436.47	\$501.93
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$456.57	\$525.05
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$476.40	\$547.85
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$498.74	\$573.54
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$520.80	\$598.91
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$545.10	\$626.85
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$569.67	\$655.11
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$596.20	\$685.61
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$622.73	\$716.12
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$651.49	\$749.20
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$680.53	\$782.59
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$711.53	\$818.24
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$726.89	\$835.90
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$757.88	\$871.55
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$784.69	\$902.38
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$802.29	\$922.61
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$824.35	\$947.98
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$837.75	\$963.39
49375CO0020008	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$837.75	\$963.39
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$182.51	\$209.89
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$287.42	\$330.54
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$287.42	\$330.54
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$287.42	\$330.54
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$287.42	\$330.54
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$288.57	\$331.86
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$294.32	\$338.47
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$301.22	\$346.41
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$312.43	\$359.30
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$321.62	\$369.87
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$326.22	\$375.16
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$333.12	\$383.10
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$340.02	\$391.03
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$344.33	\$395.99
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$348.93	\$401.28
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$351.23	\$403.92
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$353.53	\$406.56
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$355.83	\$409.21
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$358.13	\$411.85
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$362.72	\$417.14
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$367.32	\$422.43
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$374.22	\$430.36

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$380.83	\$437.97
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$390.03	\$448.54
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$401.53	\$461.76
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$415.03	\$477.30
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$431.13	\$495.81
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$449.24	\$516.63
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$469.93	\$540.43
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$490.34	\$563.90
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$513.33	\$590.34
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$536.04	\$616.46
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$561.04	\$645.21
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$586.34	\$674.30
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$613.64	\$705.70
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$640.95	\$737.10
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$670.55	\$771.15
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$700.44	\$805.53
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$732.35	\$842.22
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$748.15	\$860.40
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$780.06	\$897.09
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$807.65	\$928.82
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$825.76	\$949.64
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$848.46	\$975.75
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$862.26	\$991.62
49375CO0020009	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$862.26	\$991.62
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$192.32	\$221.17
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$302.87	\$348.30
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$302.87	\$348.30
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$302.87	\$348.30
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$302.87	\$348.30
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$304.08	\$349.69
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$310.14	\$356.66
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$317.41	\$365.02
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$329.22	\$378.60
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$338.91	\$389.75
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$343.76	\$395.32
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$351.03	\$403.68
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$358.30	\$412.04
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$362.84	\$417.26
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$367.68	\$422.84
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$370.11	\$425.62
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$372.53	\$428.41
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$374.95	\$431.20
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$377.38	\$433.98
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$382.22	\$439.55
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$387.07	\$445.13
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$394.34	\$453.49
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$401.30	\$461.50
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$410.99	\$472.64
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$423.11	\$486.58
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$437.34	\$502.95
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$454.31	\$522.45
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$473.39	\$544.39
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$495.19	\$569.47
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$516.70	\$594.20
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$540.93	\$622.06
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$564.85	\$649.58
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$591.20	\$679.88

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$617.85	\$710.53
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$646.63	\$743.62
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$675.40	\$776.71
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$706.60	\$812.58
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$738.09	\$848.81
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$771.71	\$887.47
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$788.37	\$906.62
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$821.99	\$945.29
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$851.06	\$978.72
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$870.15	\$1,000.67
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$894.07	\$1,028.18
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$908.61	\$1,044.90
49375CO0020010	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$908.61	\$1,044.90
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	0-20	\$189.44	\$217.86
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	21	\$298.33	\$343.08
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	22	\$298.33	\$343.08
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	23	\$298.33	\$343.08
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	24	\$298.33	\$343.08
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	25	\$299.52	\$344.45
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	26	\$305.49	\$351.31
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	27	\$312.65	\$359.55
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	28	\$324.28	\$372.93
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	29	\$333.83	\$383.91
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	30	\$338.60	\$389.40
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	31	\$345.76	\$397.63
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	32	\$352.92	\$405.86
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	33	\$357.40	\$411.01
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	34	\$362.17	\$416.50
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	35	\$364.56	\$419.24
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	36	\$366.95	\$421.99
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	37	\$369.33	\$424.73
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	38	\$371.72	\$427.48
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	39	\$376.49	\$432.97
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	40	\$381.27	\$438.46
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	41	\$388.43	\$446.69
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	42	\$395.29	\$454.58
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	43	\$404.83	\$465.56
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	44	\$416.77	\$479.28
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	45	\$430.79	\$495.41
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	46	\$447.50	\$514.62
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	47	\$466.29	\$536.23
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	48	\$487.77	\$560.94
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	49	\$508.95	\$585.29
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	50	\$532.82	\$612.74
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	51	\$556.39	\$639.84
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	52	\$582.34	\$669.69
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	53	\$608.59	\$699.88
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	54	\$636.93	\$732.48
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	55	\$665.28	\$765.07
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	56	\$696.00	\$800.41
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	57	\$727.03	\$836.09
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	58	\$760.14	\$874.17
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	59	\$776.55	\$893.04
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	60	\$809.67	\$931.12
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	61	\$838.31	\$964.05
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	62	\$857.10	\$985.67
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	63	\$880.67	\$1,012.77

Plan ID	Rating Area ID	Tobacco	Age	Individual Rate (Non-Tobacco)	Individual Rate (Tobacco)
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	64	\$894.99	\$1,029.24
49375CO0020011	Rating Area 3	Tobacco User/Non-Tobacco User	65 and over	\$894.99	\$1,029.24

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	No longer required
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	CO.UnifiedRateReviewSubmissionv1.6.pdf CO.UnifiedRateReviewSubmissionv1.6.xlsm CO.UnifiedRateReviewSubmissionv1.6.xls
Item Status:	
Status Date:	

Satisfied - Item:	CO Actuarial Memorandum
Comments:	Had to zip the excel file to upload.

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Attachment(s):	CO.ActuarialMemorandum.051413.pdf CO.zip CO.ActuarialMemorandum6-3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	CO.RateSample.05142013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CO Actuarial Certification
Comments:	
Attachment(s):	CO.ActuarialCertification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AVC Inputs
Comments:	
Attachment(s):	CO.AVCInputs.05.14.2013.49375.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Confidentiality Index
Comments:	Serff will not let me remove the Name. I removed the index because it does not apply anymore.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection dated 5/29
Comments:	
Attachment(s):	CO response 06.03.13.pdf

State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	LocalPlus		
Project Name/Number:	/		

Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection dated 6/4
Comments:	
Attachment(s):	CO response 06.05.13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection date 6/14
Comments:	
Attachment(s):	CO response 06.19.13.pdf CO Response 06.19.13 Exhibit.xls
Item Status:	
Status Date:	

Satisfied - Item:	Response to Objection dated 7/3
Comments:	
Attachment(s):	2014 Filing Response - Cover Letter 7.11.2013.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

CCGH-129028408

State Tracking #:

278074

Company Tracking #:

State:

Colorado

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

LocalPlus

Project Name/Number:

/

Attachment CO.UnifiedRateReviewSubmissionv1.6.xlsm is not a PDF document and cannot be reproduced here.

Attachment CO.UnifiedRateReviewSubmissionv1.6.xls is not a PDF document and cannot be reproduced here.

Attachment CO.zip is not a PDF document and cannot be reproduced here.

Attachment CO Response 06.19.13 Exhibit.xls is not a PDF document and cannot be reproduced here.

1. GENERAL INFORMATION

Insurance Company Name	Cigna Health & Life Insurance Company
NAIC Company Code	67369
HIOS Issuer ID	49375
State	Colorado
Market Type	Individual
Proposed Effective Date	01/01/2014
Primary Contact Person and Title	Lauren Danziger, FSA, MAAA, Actuarial Manager
Primary Contact Telephone Number	(860) 226-6586
Primary Contact Email	Lauren.Danziger@Cigna.com

Scope and Purpose of Filing: Cigna Health & Life Insurance Company (CHLIC) is filing rates for comprehensive major medical products for individuals & families to be effective January 1, 2014. The plans represented in this filing will be Guaranteed Issue & Guaranteed Renewable and are to be marketed through brokers, general agents, and directly to consumers as described in the policy form. These plans are attached to a new product that has been submitted under policy form filing COCHIND0413. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan. Until recently, Cigna conducted its group and individual health insurance business through Connecticut General Life Insurance Company (CGLIC). Several years ago (pre-PPACA), Cigna made the business decision to cease writing insurance coverage through CGLIC and to migrate all existing and new business to CHLIC, which is a subsidiary of CGLIC. The timing of the migration of all health insurance business to CHLIC, by coincidence, results in CHLIC being used exclusively for new business in 2014. Accordingly, CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan.

2. PROPOSED RATE INCREASE

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no rate increase associated with this filing. Consequently, the rates for the proposed plans in this filing should not be considered a rate increase or decrease because there is no current membership for CHLIC.

3. EXPERIENCE PERIOD PREMIUM & CLAIMS

As mentioned above, since this will be the first year that individual coverage will be offered by this company in this state, there is no experience to report in Section 1, Worksheet 1, of the Part 1 URR Template. Please note that minimal values have been entered in this section of the template to allow for the URR Template to successfully validate. These figures do not represent CHLIC's experience, but they will show in the URR template and will cause cells V45 and V46 and row 27 on Worksheet 2 of the template to indicate a rate increase over the experience period, but these values have only populated due to the minimal values referenced above. Similarly, Sections 2 and 3 of Worksheet 2 have been populated with minimal values and row 46 is reflecting an average 2014 rate instead of an average 'current' rate in order for the formulas to work properly in the template.

- a. Paid Through Date: N/A
- b. Premiums (Net of MLR): N/A
- c. Allowed & Incurred Claims: N/A

4. BENEFIT CATEGORIES

To determine benefit categories, CHLIC uses a combination of Procedure Code and Place of Service to categorize each claim under an appropriate Major Service Category. These categories are defined as follows:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, & other professional services, except hospital based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.
- Prescription Drug: Includes drugs dispensed by a pharmacy, net of rebates received from drug manufacturers.

As mentioned earlier, since CHLIC currently does not have any business in the Individual Market in Colorado, there is no experience data available for the company. Hence, no experience is shown for Worksheet 1, Section 2, of the Part 1 URR Template. Please note that minimal values have been entered in this section of the template to allow for the URR Template to successfully validate. These figures do not represent CHLIC's experience.

5. PROJECTION FACTORS

Since CHLIC currently does not have any business in the Individual Market in Colorado, there are no experience data or projection factors shown for the experience period in Worksheet 1, Section 2, of the Part 1 URR Template. Please note that minimal values have been entered in this section of the template to allow for the URR Template to successfully validate. These figures do not represent CHLIC's experience data or projection factors.

6. CREDIBILITY MANUAL RATE DEVELOPMENT

a. Source & Appropriateness of Experience Data used in Developing the Manual Rate

The source data used to generate the Manual Rate is trended national group experience adjusted for state and market specific differences. The experience for the national group book of business is deemed appropriate to be used for development of the Manual Rate because the baseline experience was not subject to individual medical underwriting and the benefits for the group experience are more similar to the benefits required to be ACA compliant than any other experience available. We address the adjustments to the baseline data below.

b. Adjustments made to the Data

The following adjustments were made during development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- **Morbidity Load** – A 5% load was added to the Manual Rate to account for the difference in morbidity risk of the population underlying the Manual Rate and the anticipated population of the Individual Market in 2014. The morbidity load is in consideration of the following components:
 - The influx of members from high-risk pools and conversion policies into the Individual Market. These types of plans are already guarantee issue, but morbidity factors are currently permitted for these specific plans compared with the rest of the individual market. Since all plans will be based on a single risk pool in 2014, the overall index rate has been developed with the anticipation that current policyholders in the afore-mentioned pools, are expected to enter or remain in the individual market and enroll on the new ACA compliant plans.
 - The influx of new entrants who were previously uninsured. According to the SOA sponsored study “Cost of the Future Newly Insured under the ACA”, individuals who are currently uninsured have different average morbidity risk than the current individual market. As these uninsured enter the individual market in 2014, morbidity risk is expected to change.
 - Plan selection – Since all individuals will be part of a single risk pool in 2014 with no medical underwriting, it is expected that individuals with higher morbidity will select plans that will best meet their needs (i.e. plans with lower member cost share). To account for the impact of this selection, the overall index rate has been adjusted to reflect the increased utilization that stems from the selection of plans with lower cost share for individuals with higher

morbidity risk. This adjustment is applied to the index rate only and no plan-specific adjustments are being made to account for anticipated differences in health status of enrollees across plans.

- Pent-up demand – newly insured individuals in 2014 are anticipated to have a higher consumption rate of services as they hold off on medical services prior to being insured. While this increase in utilization is anticipated to be minimal overall, it is still expected to increase the average utilization rate for the individual market in 2014.
- The underlying experience data is based on a population of both non-smokers and smokers, so the experience has been adjusted to be reflective of a non-smoking population.
- CSR plan induced utilization – individuals who qualify for CSR variations of silver plans may have different utilization patterns than individuals on standard silver plans because a higher consumption rate of services is anticipated when benefits have lower member cost-share. The impact of this occurrence, although minimal, has been included in the morbidity load and is expected to increase average utilization for the individual market in 2014.
- Demographic Adjustment – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, a minimal adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2014 individual market as opposed to the distribution by age reflected in the data underlying the Manual Rate.
- Tobacco users will see a 15% load on top of the non-tobacco user rate. The manual rate has been adjusted 1% to reflect that, if permitted, we would have proposed a load of 25% for tobacco users.
- Impact of EHB – Most EHBs are already represented in the base experience underlying the derivation of the Manual Rate. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the Manual Rate, resulting in a 0.9% load.
- Network Savings – CHLIC's underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated savings of the new provider network vary by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 3.5% decrement.

c. Inclusion of Capitation Payments

There are no services provided under a capitation arrangement for plans included in this filing.

7. CREDIBILITY OF EXPERIENCE

Since there is no experience data in Worksheet 1 of the Part 1 URR Template, 100% credibility is assigned to the Manual Rate. We believe that the Manual Rate is appropriate for developing rates for the plans in this filing, as explained in sections 6(a) and 6(b).

8. PAID TO ALLOWED RATIO

The expected cost-sharing ratio for each benefit plan is calculated by using group experience over the experience period (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then utilized to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. The Paid-to-Allowed Ratio is derived by applying expected distribution of business by benefit plan to the cost-share estimates. The expected distribution of business by benefit plan originates from CHLIC's internal estimates.

The paid-to-allowed ratio for each plan in this filing is consistent with the Actuarial Value of the plans. However, fluctuations do exist as a result of differences in the experience underlying CHLIC's manual rate and the experience underlying the continuance tables in the AV calculator. These dissimilarities result from the following differences:

- The CPD used to calculate member vs. insurer cost-share is different from the underlying claims distribution in the continuance tables of the AV Calculator. The continuance tables are based on the default standard population developed by HHS using 2010 claims and enrollment from a national commercial database. The CPD, on the other hand, is based on claims and enrollment data from Cigna's national group book of business. This experience based CPD has a larger volume of its distribution at the tail, which represents higher average costs.
- The underlying cost assumptions for copays are different in the AV Calculator as compared to Cigna's experience. Since most of the proposed plans represented in this filing have copay based cost-sharing for Primary Care Physician and Specialist office visits and some plans have copays on additional services, this causes a difference between the Paid-to-Allowed ratio and the Metal AV for most plans.

- The AV Tool only accounts for in-network benefits, whereas the paid-to-allowed ratio incorporates the impact of out-of-network benefits as well.
- Cost-sharing for certain benefits, such as separate copays for urgent care, is not captured in the AV Tool, whereas CHLIC takes these benefits into account when deriving the paid-to-allowed ratio.

9. RISK ADJUSTMENT & REINSURANCE

a. Projected Risk Adjustments (PMPM)

CHLIC is not expecting Risk Adjustment to have an impact on its index rate. While it is likely to see risk transfer payments across plans due to differences in enrolled distributions by metal level and age, CHLIC anticipates the net impact of these transfers to be negligible across the entire portfolio. The index rate has been developed to represent our expectation of the industry average medical costs as well as distribution of enrollment by age & metal tier for the Individual Market for 2014. Since we expect that CHLIC will get the same proportion by age and plan of the market as all other companies and we have factored this into the development of the index rate, there is no expected transfer payment.

b. Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

To estimate reinsurance contributions, an annual contribution of \$63 per covered life is assumed. Reinsurance payments have been estimated using a representative sample of nationwide group claims data. This data consisted of member-level claims data from October 2011 through November 2012 trended to a 2014 basis. In our analysis, it is not anticipated that the increased morbidity risk will cause a higher distribution of claims to fall within or outside the parameters set for the reinsurance program. We believe that this claims data is representative of the annual distribution of claims per member we expect in 2014. Based on our claims data and the federal reinsurance parameters, we estimate that reinsurance will cover 12.5% of paid claims. This 12.5% decrement to medical costs is applied evenly across all plans as a constant multiplicative factor.

The net effect on plan costs (contributions minus payments) is expected to be \$32.84 PMPM. Since reinsurance payments are calculated as a percentage of medical costs, but the contribution is a fixed PMPY, the expected impact PMPM is based on CHLIC's assumed distribution of membership across plans and ages.

10. NON-BENEFIT EXPENSES, PROFIT, & RISK

The following table illustrates anticipated breakdown of the retention components. It should be noted that the administrative expenses below reflect that CHLIC is pricing to scalable membership. Hence, these expenses reflect the PMPM amount that will be incurred if CHLIC attains scale, which is not anticipated for the rating period. Actual expenses on both a PMPM and percentage of premium basis will vary based on the actual size and distribution of membership by age and plan.

Retention Component	% of Premium
Administrative Expense	13.6%
Profit Margin	2.5%
Taxes & Fees (including ACA expenses)	4.3%
Total Retention	20.4%

a. Administrative Expense Load

CHLIC's non-medical expenses are split out as follows:

- Acquisition admin expense – this includes, but is not limited to, incentive compensation & salaries for brokers and agents, commissions[†], marketing costs (working media & non-working media), and vendor fees.
- Recurring admin expense – this includes, but is not limited to, costs relating to customer analytics, service operations, account management, and corporate overhead.

The administrative expense load is based on internal estimates from CHLIC's Financial Analysis team and is deemed appropriate for the plans proposed in this filing. To determine this load, membership for CHLIC's benefit plans is projected as outlined in Section 15.

This membership is then applied to known budgeted amounts for administrative expenses to determine a PMPM amount across all plans. The percentage load for administrative expenses varies by plan as the PMPM value represents a higher proportion in plans with lower premiums. Based on the projected enrollment, this load is expected to be 13.6% as shown above. In the event that actual membership size and distribution differs from expectations, this figure may vary.

† Commissions vary based on distribution channel. Since premium rates for plans must be the same across all channels, CHLIC has socialized its commissions based on expected membership distribution by acquisition type. CHLIC expects its exchange customers to be referred through a blend of all distribution channels (i.e. broker, direct to consumer, etc.) and purely via the Exchange without any external referral. Hence, the commissions for the Exchange channel are calculated as a weighted average of these acquisition types.

b. Profit & Risk Margin

CHLIC has targeted a 2.5% profit margin that is built into its premium rates. This target is based on CHLIC attaining scalable membership, which is not expected for the rating period. In the event that actual membership size and distribution differs from expectations, the actual profit margin may vary. There is no additional risk margin load.

c. Taxes & Fees

Please note that the TRP fee has been included in Section 9b with the projected reinsurance recoveries and has not been included in the taxes & fees shown in this section.

- Premium Tax for the State of Colorado is applied as 1.00% of premium
- Exchange User Fee is applied as 1.12% of premium†
- PCORI Fee is applied as \$2.00 PMPY
- Health Insurer's Fee is applied as 2.20% of premium
- Risk Adjustment User Fee is applied as \$1.00 PMPY

‡ Exchange User Fees are applied as an adjustment to the index rate at the market level. Hence, the 1.40% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in the 1.12% expected fee.

11. PROJECTED LOSS RATIO

The projected 2014 PPACA MLR, without adjustment for credibility, for CHLIC individual products is 81.70%.

A demonstration of the projected MLR is illustrated below:

PPACA 2014 MLR		
1	Member Months	\$ 178,193
2	Incurred Claims	\$ 53,229,406
3	Claims Adjustment*	\$ (6,175,976)
4	Numerator (2 + 3)	\$ 47,053,430
5	Earned Premium	\$ 59,712,474
6	Premium Adjustment**	\$ (2,117,736)
7	Denominator (5 + 6)	\$ 57,594,739
8	Credibility Factor	2.28%
9	Avg Deductible Factor	126.84%
10	Credibility Adjustment (8 x 9)	2.89%
11	PPACA MLR w/o Credibility (4 ÷ 7)	81.70%
12	PPACA MLR w/ Credibility (10 + 11)	84.59%

* Quality Improvement Activities, Traditional Reinsurance Receipts, Net Risk Adjustment & Risk Corridor Receipts

** Premium/Payroll/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- Member Months – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell X47 in Worksheet 1 of the Part 1 URR Template.
- Incurred Claims – projections for incurred claims are developed by applying the anticipated loss ratio before reinsurance recoveries to the projected earned premium.
- Claims Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- Earned Premium – projections for earned premium are developed by applying the projected average rate PMPM from Cell F80 in Worksheet 2 of the Part 1 URR Template to the expected member months projections specified earlier.
- Premium Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- Credibility Adjustment – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

12. INDEX RATE

The Index Rate for the Projection Period identified in Worksheet 1, Section 3, of the Part 1 URR Template was generated using the same methodology as used in determining the Single Risk Pool Gross Premium Average Rate (PMPM) in Cell V43 of Worksheet 1 in the Part 1 URR Template. Hence, the Projected Index Rate is a representation of the expected Allowable Claims PMPM for 2014 and it incorporates the impact of trend, benefit, and demographic differences. Furthermore, there are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing and we do not plan to offer them in 2014.

As mentioned earlier, CHLIC is not expecting risk adjustment to have an impact on its index rate as we anticipate the net impact of transfer payments across plans to be negligible across the entire portfolio. The index rate has also been adjusted for net recoveries resulting from the reinsurance program. This equates to an impact of \$32.84 PMPM on the index rate.

It should be noted that only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the projected index rate to arrive at each plan-level rate:

- The AV of the plan
- The cost-sharing design of the plan
- The plan's provider network, delivery system characteristics, and utilization management practices
- Administrative costs, excluding Exchange user fees

The derivation of the plan level rate from the index rate is illustrated in Section 14 below.

13. AV METAL VALUES

The AV Metal Values shown in Worksheet 2 of the Part 1 URR Template were based entirely on the AV Calculator, with the exception of the following benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Cost-Sharing for Pharmacy Retail vs. Home-Delivery Service
- Copays for Outpatient Services (for copay-based benefit plan designs)
- Limited Specialist Copays (for benefit plans with limited specialist office visits)

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). This alternate methodology and the reason for its use is explained in the accompanying actuarial certification titled "Unique Plan Design Supporting Documentation & Justification".

14. AV PRICING VALUES

Pricing AV represents the cost to CHLIC of providing coverage under each plan (incurred claims & administrative costs) as a percentage of the cost of providing coverage for a fixed reference plan. The fixed reference plan, in this case, is selected as 49375CO0020010

A demonstration of how the Pricing AV's are derived from the Metal AV's is shown below:

Derivation of Pricing AV from Metal AV											
	Plan ID										
	49375CO002001	49375CO002002	49375CO002003	49375CO002004	49375CO002005	49375CO002006	49375CO002007	49375CO002008	49375CO002009	49375CO002010	49375CO002011
Metal AV	58.2%	60.3%	62.0%	68.4%	69.1%	68.6%	69.4%	71.7%	78.6%	80.6%	79.3%
Benefits Additional to EHBs	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Impact of Provider Network	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Admin Costs (excluding Exchange User Fee)	1.02	1.02	1.01	1.00	1.00	1.00	1.00	0.98	0.98	0.97	0.98
Impact of Cost-Sharing Design	0.97	0.98	1.02	1.01	0.99	1.02	1.01	1.08	1.02	1.06	1.06
Adjusted AV	57.9%	60.2%	63.6%	68.6%	68.2%	69.6%	70.1%	76.5%	78.8%	83.0%	81.8%
Pricing AV	69.8%	72.5%	76.6%	82.7%	82.2%	83.9%	84.4%	92.2%	94.9%	100.0%	98.5%

- It should be noted that although “Impact of Provider Network” is shown as having no impact in the calculation above, the preceding table illustrates an average across the entire state. Hence, premium rates may vary between rating areas within the state as a result of differences in medical costs and provider contracts, which is not reflected above. Nevertheless, there is no impact due to provider network by benefit plan as there is no variation in provider network or delivery systems across plans, only by area.
- “Admin costs” are calculated on a PMPM and percentage of premium basis and, thus, may vary as a percentage of premiums across plans. Consequently, that impact is captured in the table above.
- The “Impact of Cost Sharing Design” corresponds to differences in utilization patterns for service categories between the AV Calculator and the data underlying the derivation of the Manual Rate. This difference was estimated by running the proposed plan designs through the AV Calculator (using its standard continuance tables) and then through CHLIC’s pricing model with the CPD that serves as the underlying dataset for derivation of the Manual Rate. The difference between the two approaches was then subsequently quantified.

CHLIC is not incorporating any impact of different morbidity or health status of individuals who select certain plans in the derivation of the Pricing AV from the Metal AV.

The Adjusted AV represents the impact of applying the allowable modifiers to the Metal AV, which is shown in the table above. The Pricing AV demonstrates the relationship of the Adjusted AV between each respective plan and the reference plan, 49375CO0020010.

15. MEMBERSHIP PROJECTIONS

The membership projections for CHLIC’s benefit plans are developed internally as best estimates generated by applying CGLIC’s current market share percentages to the addressable market opportunity developed by an SOA sponsored study, “Cost of the Future Newly Uninsured under the Affordable Care Act (ACA)”. There have been additional adjustments made to take into account specific market strategies including the anticipated impacts of the new networks developed by CHLIC.

For Silver metal plans, the projected enrollment subject to cost-sharing reduction subsidies at each level is developed based on the Distribution of Population by FPL as outlined in the SOA sponsored study, “Design & Implementation Considerations of ACA Risk Mitigation Programs”. CHLIC applied adjustments to the results of the study to account for expected differences in the general population and anticipated covered population that are outlined below:

- It is assumed that not all individuals above the 250% FPL level will buy silver plans, as some of them may opt for benefit plans on a different metal tier.
- Since Colorado has opted for expansion of its Medicaid program, only the 139%-150% FPL bracket was considered when developing an estimate for the population that will enroll in the 94% Silver CSR plan.
- The study mentioned above did not split out the 200%-299% FPL bracket. For purposes of this calculation, it was assumed that the population is uniformly distributed within that bracket. Hence, 50% of the 200%-299% FPL bracket was assumed to fall in the 200%-250% FPL bracket and, thus, be eligible for the 73% Silver CSR plan.

The resulting projected enrollment by plan and subsidy level is outlined below:

Distribution by Plan by CSR-Level				
Plan ID	139%-150% FPL	150%-200% FPL	200%-250% FPL	>250% FPL
49375CO0020004	6%	25%	20%	49%
49375CO0020005	6%	25%	20%	49%
49375CO0020006	6%	25%	20%	49%
49375CO0020007	6%	25%	20%	49%
49375CO0020008	6%	25%	20%	49%

16. TERMINATED PRODUCTS

CHLIC does not currently have any products so this section is not applicable.

17. PLAN TYPE

All plans in this filing are categorized as PPO plans.

18. WARNING ALERTS

Cell A82 – This cell shows a “Warning”, indicating that the Total Premium built up on Wksh 1 – Market Experience does not equal the Total Premium on Wksh 2 – Plan Product Info. Internally, we do not build up our rates in the exact same manner as in Wksh 1, so while the premiums are similar, they will not be exactly equal. However, as can be seen in cells B80 and F80 the premiums PMPM are within 2% of each other. Wksh 2 forces the projected member months (row 47) to be rounded, so even if the premiums were identical, instead of within 2% of each other, there would still be a “Warning” displayed in cell A82.

Cell A86 – We believe the formula in cell B86 is incorrect, as B86 calculates allowed premiums net of reinsurance and risk adjustment, whereas the instructions indicate this number should be gross of reinsurance and risk adjustment. If we change the calculations in row 86 to be net of reinsurance and risk adjustment, cell A86 will display “Ok”; however, doing so will cause an error in cell A99, which looks at the Allowed Claims PMPM gross of reinsurance and risk adjustment.

19. EFFECTIVE RATE REVIEW INFORMATION

a. Financial Information

Cigna Health & Life Insurance Company (CHLIC)				
(\$ Millions)	2010	2011	2012	2013 (Proj)
Stat Capital & Surplus [Pg 3, Line 38]	51	543	1,018	1,933
Authorized Control Level RBC	3	44	172	366

CHLIC is in strong financial condition. The YE 2012 ACL RBC ratio was 605%. In prior years when the Company was significantly smaller, the RBC ratio was much higher. For the next few years, we expect to maintain an ACL RBC ratio in the 500% to 600% range. The proposed plans and rates will have an immaterial impact on the company’s financial condition, even with significant membership growth.

b. Rating Information

Premium rating rules as per PPACA have been adhered to. CHLIC is only adjusting premium rates for the following factors:

- Age – the Federal Age Slope as prescribed by HHS is used to determine rates by age.
- Area – rates vary by prescribed rating areas as shown in the rates template.
- Tobacco – rates vary by tobacco usage, but not by more than a 1.15:1 ratio as shown in the rates template.

- Family size – A maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy as shown in the business rules template.

To see the proposed rate manual by age, area and tobacco user status please reference the accompanying Rate Template. For other rating rules used in deriving the premium please refer to the accompanying Business Rules Template.

A description of the benefits for all plans proposed in this filing is shown in the accompanying PlansBenefits Template.

Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.

c. Other

CHLIC's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 78%.

20. RELIANCE

In preparing the Part 1 Unified Rate Review Template submission, I have relied on data and analysis provided by Seth Truka, FSA, MAAA. In addition, I have relied on external sources in order to develop the underlying assumptions for the development of the proposed premium rate. These sources are outlined below:

- Clark, A. (FSA, MAAA), & O'Connor, J. T. (FSA, MAAA).
Design and Implementation Considerations of ACA Risk Management Programs.
Society of Actuaries (2012)
- Haught, R., & Ahrens, J.
Cost of the Future Newly Insured under the Affordable Care Act (ACA).
Society of Actuaries (2012)

21. ACTUARIAL CERTIFICATION

I, Lauren Danziger, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - ASOP #41, Actuarial Communications
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
- b) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- c) The percent of total premium that represents essential health benefits included in Worksheet 2, Sections IV, of the Part 1 URR Template was calculated in accordance with applicable Actuarial Standards of Practice
- d) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, save the exceptions shown in Section 13 and which are further explained in the accompanying actuarial certification “Unique Plan Design Supporting Documentation & Justification”.



Lauren Danziger, FSA, MAAA
Actuarial Manager
Cigna Health & Life Insurance Company
Lauren.Danziger@Cigna.com

May 10, 2013
Date

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	Data Collection Template																							
2																								
3	Company Legal Name:		Cigna Health and Life Insurance Company												State:		CO							
4	HIOS Issuer ID:		49375												Market:		Individual							
5	Effective Date of Rate Change(s):																							
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:		01/01/2012		to		12/31/2012																	
13			Experience Period		Aggregate Amount		PMPM		% of Prem															
14	Premiums (net of MLR Rebate) in Experience Period:		\$10		\$0.89		100.00%																	
15	Incurred Claims in Experience Period		\$7		0.67		75.00%																	
16	Allowed Claims:		\$11		1.00		112.50%																	
17	Index Rate of Experience Period				\$1.00																			
18	Experience Period Member Months		11																					
19																								
20	Section II: Allowed Claims, PMPM basis																							
21			Experience Period		Projection Period:		01/00/1900		to		12/30/1900		Mid-point to Mid-point, Experience to Projection:		-1364 months									
22			on Actual Experience Allowed		Adj't. from Experience to		Projection Period		Annualized Trend		Factors		Projections, before credibility Adjustment		Credibility Manual									
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM	
24	Inpatient Hospital		Admits		2,000.00		\$1.00		\$0.17		1.000		1.000		1.000		1.000		2,000.00		\$1.00		\$0.17	
25	Outpatient Hospital		Visits		2,000.00		1.00		0.17		1.000		1.000		1.000		1.000		2,000.00		1.00		0.17	
26	Professional		Visits		2,000.00		1.00		0.17		1.000		1.000		1.000		1.000		2,000.00		1.00		0.17	
27	Other Medical		Visits		2,000.00		1.00		0.17		1.000		1.000		1.000		1.000		2,000.00		1.00		0.17	
28	Capitation		Services		2,000.00		1.00		0.17		1.000		1.000		1.000		1.000		2,000.00		1.00		0.17	
29	Prescription Drug		Prescriptions		2,000.00		1.00		0.17		1.000		1.000		1.000		1.000		2,000.00		1.00		0.17	
30	Total								\$1.00															
31																								
32	Section III: Projected Experience:																							
33																								
34																								
35																								
36																								
37																								
38																								
39																								
40																								
41																								
42																								
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45																								
46																								
47																								
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Company Legal Name:	Cigna Health and Life Insurance Company	State:	CO
HIOS Issuer ID:	49375	Market:	Individual
Effective Date of Rate Change(s):			

[illegible][illegible]

Section III: Experience Period Information

[illegible][illegible]

A. SUMMARY

1. Reasons: Cigna Health & Life Insurance Company (CHLIC) is filing rates for comprehensive major medical products for individuals & families to be effective January 1, 2014. These plans are attached to a new product that has been submitted under policy form filing COCHIND0413. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan. Until recently, Cigna conducted its group and individual health insurance business through Connecticut General Life Insurance Company (CGLIC). Several years ago (pre-PPACA), Cigna made the business decision to cease writing insurance coverage through CGLIC and to migrate all existing and new business to CHLIC, which is a subsidiary of CGLIC. The timing of the migration of all health insurance business to CHLIC, by coincidence, results in CHLIC being used exclusively for new business in 2014. Accordingly, CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan.

2. Requested Rate Action: This will be the first year that individual health insurance coverage will be offered by CHLIC in Colorado. Since this is a filing for a new product, there is no rate increase associated with this filing. Consequently, the rates for the proposed plans in this filing should not be considered a rate increase or decrease because there is no current membership for CHLIC.

3. Marketing Methods: The plans represented in this filing are Comprehensive Major Medical plans sold to individuals and families and are to be marketed through brokers, general agents and directly to consumers as described in the policy form.

4. Premium Classifications: CHLIC is only adjusting premium rates by plan for the following factors: Age, as prescribed by the Federal Age Slope, Area, Tobacco usage, by no more than a 1.15:1 ratio, and family composition, a maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy.

5. Product Descriptions: The products proposed in this filing are myCigna Health Savings, myCigna Health Flex and myCigna Copay Assure. A description of the benefits for all plans proposed in this filing is shown in the accompanying PlansBenefits Template. There are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014 and there have been no substitutions of benefits for EHBs. Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.

6. Policy/Rider Form: COCHIND0413

7. Age Basis: The policy premium will reflect the age of the members at issue and then at each renewal.

8. Renewability Provision: Guaranteed Renewable

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition or merger (from or within another company)? No

2. If yes, provide names of company(s): n/a

3. Closing date of acquisition: n/a

C. RATING PERIOD (provided in the attached excel file, Actuarial Memorandum)

Proposed Effective Date: January 1, 2014

Rating period: January 1, 2014 to December 31, 2014

D. EFFECT OF LAW CHANGES

Identify and quantify changes resulting from mandated benefits and other law changes:

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Therefore, the law changes will not result in a rate increase or decrease because there are not filed current rates.

These rates are in compliance with all state and federal laws going into effect for 2014. The benefits and rates have been developed in compliance with PPACA. Most EHBs are already represented in the base experience underlying the proposed manual rate in this filing. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the manual rate, resulting in a 0.9% load. The benefits that required additional adjustments outside of the base experience were physical, speech and occupational therapy, autism spectrum disorder and allergy testing.

As described in Section I, plan level rates were generated using the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2). The Risk Adjustment and Reinsurance programs were also taken into consideration. Only the allowed rating adjustments are made to develop the proposed premium rates by plan: 3:1 federal age slope, rating area factors, tobacco use factor of 1.15 and a maximum of 3 dependents under age 21 to be included in the family rate.

As described in Section G the proposed rates include additional fees related to PPACA. These include the Exchange User Fee applied as 1.12% of premium, PCORI Fee applied as \$2.00 PMPY, Health Insurer's Fee applied as 2.20% of premium, Risk Adjustment User Fee applied as \$1.00 PMPY. The Exchange User Fees are applied as an adjustment to the index rate at the market level.

Additional Information:

In addition, the rate development is in compliance with all current Colorado and federal laws.

E. RATE HISTORY (provided in attached excel file, Actuarial Memorandum)

N/A (Initial Filing)

Additional Information: CHLIC is filing initial rates for a new product and has no current products in the individual market therefore there is no rate history.

F. COORDINATION OF BENEFITS

Provides actual loss information net of any savings: Yes

G. RELATION OF BENEFITS TO PREMIUM (provided in attached excel file, Actuarial Memorandum)

Retention Component	% of Premium
Commission	4.00%
General Expenses (includes other acquisition expenses)	9.56%
Premium Tax	1.00%
Profit/Contingencies	2.50%
PPACA Fees	3.76%
Exchange Fees	1.12%
Total Retention	21.9%

Additional Information:

The table above illustrates anticipated breakdown of the retention components. It should be noted that the general expenses reflect that CHLIC is pricing to scalable membership. Hence, these expenses as a percent of premium reflect the PMPM

amount that will be incurred if CHLIC attains scale, which is not anticipated for the rating period. Actual expenses on both a PMPM and percentage of premium basis will vary based on the actual size and distribution of membership by age and plan.

Administrative Expense Load

CHLIC's non-medical expenses are split out as follows:

- Acquisition admin expense – this includes, but is not limited to, incentive compensation & salaries for brokers and agents, commissions[†], marketing costs (working media & non-working media), and vendor fees.
- Recurring admin expense – this includes, but is not limited to, costs relating to customer analytics, service operations, account management, and corporate overhead.

The administrative expense (commissions and general) load is based on internal estimates from CHLIC's Financial Analysis team and is deemed appropriate for the plans proposed in this filing. To determine this load, membership for CHLIC's benefit plans is projected. This membership is then applied to known budgeted amounts for administrative expenses to determine a PMPM amount across all plans. The percentage load for administrative expenses varies by plan as the PMPM value represents a higher proportion in plans with lower premiums. Based on the projected enrollment, this load is expected to be 13.56% as shown above. In the event that actual membership size and distribution differs from expectations, this figure may vary.

[†] Commissions vary based on distribution channel. Since premium rates for plans must be the same across all channels, CHLIC has socialized its commissions based on expected membership distribution by acquisition type. CHLIC expects its exchange customers to be referred through a blend of all distribution channels (i.e. broker, direct to consumer, etc.) and purely via the Exchange without any external referral. Hence, the commissions for the Exchange channel are calculated as a weighted average of these acquisition types.

Taxes & Fees

- Premium Tax for the State of Colorado is applied as 1.00% of premium
- Exchange User Fee is applied as 1.12% of premium[‡]
- PCORI Fee is applied as \$2.00 PMPY
- Health Insurer's Fee is applied as 2.20% of premium
- Risk Adjustment User Fee is applied as \$1.00 PMPY

[‡] Exchange User Fees are applied as an adjustment to the index rate at the market level. Hence, the 1.40% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in the 1.12% expected fee.

Benefits Ratio:

As shown in the Actuarial Memorandum excel file, section G, the target loss ratio is equal to 1 minus the total retention at 78%. This loss ratio is before any ACA adjustments. The projected 2014 PPACA MLR, without adjustment for credibility, for CHLIC individual products is above the required minimum of 80%, at 81.70%. A demonstration of the projected MLR is provided below:

PPACA 2014 MLR		
1	Member Months	\$ 178,193
2	Incurred Claims	\$ 53,229,406
3	Claims Adjustment*	\$ (6,175,976)
4	Numerator (2 + 3)	\$ 47,053,430
5	Earned Premium	\$ 59,712,474
6	Premium Adjustment**	\$ (2,117,736)
7	Denominator (5 + 6)	\$ 57,594,739
8	Credibility Factor	2.28%
9	Avg Deductible Factor	126.84%
10	Credibility Adjustment (8 x 9)	2.89%
11	PPACA MLR w/o Credibility (4 ÷ 7)	81.70%
12	PPACA MLR w/ Credibility (10 + 11)	84.59%

* Quality Improvement Activities, Traditional Reinsurance Receipts, Net Risk Adjustment & Risk Corridor Receipts
 ** Premium/Payroll/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- Member Months – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell X47 in Worksheet 1 of the Part 1 URR Template.
- Incurred Claims – projections for incurred claims are developed by applying the anticipated loss ratio before reinsurance recoveries to the projected earned premium.
- Claims Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- Earned Premium – projections for earned premium are developed by applying the projected average rate PMPM from Cell F80 in Worksheet 2 of the Part 1 URR Template to the expected member months projections specified earlier.
- Premium Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- Credibility Adjustment – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

H. PROVISION FOR PROFIT AND CONTINGENCIES

1. Provision for Profit and Contingencies: 2.5%, Pre-FIT

CHLIC has targeted a 2.5% profit margin that is built into its premium rates. This target is based on CHLIC attaining scalable membership, which is not expected for the rating period. In the event that actual membership size and distribution differs from expectations, the actual profit margin may vary. There is no additional risk margin load.

2. Proposed load in excess of 7% after tax: 0%

I. DETERMINATION OF PROPOSED RATES

1. Explain, in detail, how rates and/or rate changes were developed:

The source data used to generate the Manual Rate PMPM is trended national group experience adjusted for state and market specific differences. The experience for the national group book of business is deemed appropriate to be used for development of the Manual Rate because the baseline experience was not subject to individual medical underwriting and the benefits for the group experience are more similar to the benefits required to be ACA compliant than any other experience available. We address the adjustments to the baseline data below.

2. Provide adequate support for all assumptions and methodologies used:

The following adjustments were made during development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- Morbidity Load – A 5% load was added to the Manual Rate to account for the difference in morbidity risk of the population underlying the Manual Rate and the anticipated population of the Individual Market in 2014. The morbidity load is in consideration of the following components:
 - The influx of members from high-risk pools and conversion policies into the Individual Market. These types of plans are already guarantee issue, but morbidity factors are currently permitted for these specific plans compared with the rest of the individual market. Since all plans will be based on a single risk pool in 2014, the overall index rate has been developed with the anticipation that current policyholders in the aforementioned pools, are expected to enter or remain in the individual market and enroll on the new ACA compliant plans.
 - The influx of new entrants who were previously uninsured. According to the SOA sponsored study “Cost of the Future Newly Insured under the ACA”, individuals who are currently uninsured have different average morbidity risk than the current individual market. As these uninsured enter the individual market in 2014, morbidity risk is expected to change.
 - Plan selection – Since all individuals will be part of a single risk pool in 2014 with no medical underwriting, it is expected that individuals with higher morbidity will select plans that will best meet their needs (i.e. plans

with lower member cost share). To account for the impact of this selection, the overall index rate has been adjusted to reflect the increased utilization that stems from the selection of plans with lower cost share for individuals with higher morbidity risk. This adjustment is applied to the index rate only and no plan-specific adjustments are being made to account for anticipated differences in health status of enrollees across plans.

- Pent-up demand – newly insured individuals in 2014 are anticipated to have a higher consumption rate of services as they hold off on medical services prior to being insured. While this increase in utilization is anticipated to be minimal overall, it is still expected to increase the average utilization rate for the individual market in 2014.
- The underlying experience data is based on a population of both non-smokers and smokers, so the experience has been adjusted to be reflective of a non-smoking population.
- CSR plan induced utilization – individuals who qualify for CSR variations of silver plans may have different utilization patterns than individuals on standard silver plans because a higher consumption rate of services is anticipated when benefits have lower member cost-share. The impact of this occurrence, although minimal, has been included in the morbidity load and is expected to increase average utilization for the individual market in 2014.
- Demographic Adjustment – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, a minimal adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2014 individual market as opposed to the distribution by age reflected in the data underlying the Manual Rate.
- Tobacco users will see a 15% load on top of the non-tobacco user rate. The manual rate has been adjusted 1% to reflect that, if permitted, we would have proposed a load of 25% for tobacco users.
- Impact of EHB – Most EHBs are already represented in the base experience underlying the derivation of the Manual Rate. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the Manual Rate, resulting in a 0.9% load.
- Network Savings – CHLIC's underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated savings of the new provider network vary by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 3.5% decrement.

Projected Risk Adjustments (PMPM)

CHLIC is not expecting Risk Adjustment to have an impact on its index rate. While it is likely to see risk transfer payments across plans due to differences in enrolled distributions by metal level and age, CHLIC anticipates the net impact of these transfers to be negligible across the entire portfolio. The index rate has been developed to represent our expectation of the industry average medical costs as well as distribution of enrollment by age & metal tier for the Individual Market for 2014. Since we expect that CHLIC will get the same proportion by age and plan of the market as all other companies and we have factored this into the development of the index rate, there is no expected transfer payment.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

To estimate reinsurance contributions, an annual contribution of \$63 per covered life is assumed. Reinsurance payments have been estimated using a representative sample of nationwide group claims data. This data consisted of member-level claims data from October 2011 through November 2012 trended to a 2014 basis. In our analysis, it is not anticipated that the increased morbidity risk will cause a higher distribution of claims to fall within or outside the parameters set for the reinsurance program. We believe that this claims data is representative of the annual distribution of claims per member we expect in 2014. Based on our claims data and the federal reinsurance parameters, we estimate that reinsurance will cover 12.5% of paid claims. This 12.5% decrement to medical costs is applied evenly across all plans as a constant multiplicative factor.

The net effect on plan costs (contributions minus payments) is expected to be \$32.84 PMPM. Since reinsurance payments are calculated as a percentage of medical costs, but the contribution is a fixed PMPY, the expected impact PMPM is based on CHLIC's assumed distribution of membership across plans and ages.

Index Rate Development:

The Index Rate for the Projection Period identified in Worksheet 1, Section 3, of the Part 1 URR Template was generated using the same methodology as used in determining the Single Risk Pool Gross Premium Average Rate (PMPM) in Cell V43 of

Worksheet 1 in the Part 1 URR Template. Hence, the Projected Index Rate is a representation of the expected Allowable Claims PMPM for 2014 and it incorporates the impact of trend, benefit, and demographic differences. Furthermore, there are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing and we do not plan to offer them in 2014.

As mentioned earlier, CHLIC is not expecting risk adjustment to have an impact on its index rate as we anticipate the net impact of transfer payments across plans to be negligible across the entire portfolio. The index rate has also been adjusted for net recoveries resulting from the reinsurance program. This equates to an impact of \$32.84 PMPM on the index rate.

It should be noted that only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the projected index rate to arrive at each plan-level rate:

- The AV of the plan
- The cost-sharing design of the plan
- The plan's provider network, delivery system characteristics, and utilization management practices
- Administrative costs, excluding Exchange user fees

The AV Metal Values shown in Worksheet 2 of the Part 1 URR Template were based entirely on the AV Calculator, with the exception of the following benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Cost-Sharing for Pharmacy Retail vs. Home-Delivery Service
- Copays for Outpatient Services (for copay-based benefit plan designs)
- Limited Specialist Copays (for benefit plans with limited specialist office visits)

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). This alternate methodology and the reason for its use is explained in the accompanying actuarial certification titled "Unique Plan Design Supporting Documentation & Justification".

The expected cost-sharing ratio for each benefit plan is calculated by using group experience over the experience period (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then utilized to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. The Paid-to-Allowed Ratio is derived by applying expected distribution of business by benefit plan to the cost-share estimates. The expected distribution of business by benefit plan originates from CHLIC's internal estimates.

The paid-to-allowed ratio for each plan in this filing is consistent with the Actuarial Value of the plans. However, fluctuations do exist as a result of differences in the experience underlying CHLIC's manual rate and the experience underlying the continuance tables in the AV calculator. These dissimilarities result from the following differences:

- The CPD used to calculate member vs. insurer cost-share is different from the underlying claims distribution in the continuance tables of the AV Calculator. The continuance tables are based on the default standard population developed by HHS using 2010 claims and enrollment from a national commercial database. The CPD, on the other hand, is based on claims and enrollment data from Cigna's national group book of business. This experience based CPD has a larger volume of its distribution at the tail, which represents higher average costs.
- The underlying cost assumptions for copays are different in the AV Calculator as compared to Cigna's experience. Since most of the proposed plans represented in this filing have copay based cost-sharing for Primary Care Physician and Specialist office visits and some plans have copays on additional services, this causes a difference between the Paid-to-Allowed ratio and the Metal AV for most plans.
- The AV Tool only accounts for in-network benefits, whereas the paid-to-allowed ratio incorporates the impact of out-of-network benefits as well.
- Cost-sharing for certain benefits, such as separate copays for urgent care, is not captured in the AV Tool, whereas CHLIC takes these benefits into account when deriving the paid-to-allowed ratio.

Pricing AV represents the cost to CHLIC of providing coverage under each plan (incurred claims & administrative costs) as a percentage of the cost of providing coverage for a fixed reference plan. The fixed reference plan, in this case, is selected as 49375CO0020010

A demonstration of how the Pricing AV's are derived from the Metal AV's is shown below:

Derivation of Pricing AV from Metal AV											
	Plan ID										
	49375CO002001	49375CO002002	49375CO002003	49375CO002004	49375CO002005	49375CO002006	49375CO002007	49375CO002008	49375CO002009	49375CO002010	49375CO002011
Metal AV	58.2%	60.3%	62.0%	68.4%	69.1%	68.6%	69.4%	71.7%	78.6%	80.6%	79.3%
Benefits Additional to EHBs	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Impact of Provider Network	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Admin Costs (excluding Exchange User Fee)	1.02	1.02	1.01	1.00	1.00	1.00	1.00	0.98	0.98	0.97	0.98
Impact of Cost-Sharing Design	0.97	0.98	1.02	1.01	0.99	1.02	1.01	1.08	1.02	1.06	1.06
Adjusted AV	57.9%	60.2%	63.6%	68.6%	68.2%	69.6%	70.1%	76.5%	78.8%	83.0%	81.8%
Pricing AV	69.8%	72.5%	76.6%	82.7%	82.2%	83.9%	84.4%	92.2%	94.9%	100.0%	98.5%

- It should be noted that although “Impact of Provider Network” is shown as having no impact in the calculation above, the preceding table illustrates an average across the entire state. Hence, premium rates may vary between rating areas within the state as a result of differences in medical costs and provider contracts, which is not reflected above. Nevertheless, there is no impact due to provider network by benefit plan as there is no variation in provider network or delivery systems across plans, only by area.
- “Admin costs” are calculated on a PMPM and percentage of premium basis and, thus, may vary as a percentage of premiums across plans. Consequently, that impact is captured in the table above.
- The “Impact of Cost Sharing Design” corresponds to differences in utilization patterns for service categories between the AV Calculator and the data underlying the derivation of the Manual Rate. This difference was estimated by running the proposed plan designs through the AV Calculator (using its standard continuance tables) and then through CHLIC’s pricing model with the CPD that serves as the underlying dataset for derivation of the Manual Rate. The difference between the two approaches was then subsequently quantified.

CHLIC is not incorporating any impact of different morbidity or health status of individuals who select certain plans in the derivation of the Pricing AV from the Metal AV.

The Adjusted AV represents the impact of applying the allowable modifiers to the Metal AV, which is shown in the table above. The Pricing AV demonstrates the relationship of the Adjusted AV between each respective plan and the reference plan, 49375CO0020010.

J. TREND (provided in attached excel file, Actuarial Memorandum)

The expected all-in annual medical cost trend is 11.4%. This trend is calculated from the in-network trends by service category and then by adding out-of-network trend and insurance trend as shown in the tables provided below.

Medical In-Network Trend	Unit Cost	Utilization	Total
Inpatient	5.1%	2.1%	7.3%
Outpatient	5.4%	7.3%	13.1%
Professional	1.3%	4.0%	5.3%
OMS	6.7%	4.5%	11.5%
Medical Trend (IN)	4.3%	4.6%	9.1%

Adding OON Trend, Pharmacy Trend and Deductible Leveraging to calculate the final Blended Medical Trend

Trend & Penetration	Total
Medical Trend (IN)	9.1%
OON Trend	10.0%
Rx Trend	9.2%
OON Penetration	10.0%
Rx Penetration	5.7%
Deductible Leveraging	2.0%
Blended Medical Trend	11.4%

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NAIC #: 67369

Our trend methodology is prospective and develops unit cost trends for specific geographic groupings of zip codes in Colorado based on known and planned reimbursement contracts. In order to set the prospective unit cost trend, historical experience is used to aggregate the facility level reimbursement contracts into the higher-level geographic groupings. In order to determine prospective utilization trends, we look at utilization trends retrospectively by major service category on a national basis. These retrospective utilization patterns are examined and coupled with other macroeconomic forces that are expected to change in the future at the market level in order to develop the prospective utilization trend. An additional amount of trend is added to account for the impact of deductible and copay leveraging. This amount is developed using the expected change in our cost share amount relative to the prior year separately by plan and aggregated based on expected membership weight by plan.

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no experience available to provide for the historical or normalized trends. In order to provide this information to the department in order to demonstrate our historical trends, we have provided experience for CGLIC Individual products consistent with data provided in Section L, Data Requirements. Although this methodology is not used to develop our prospective pricing trend, we have provided it in order to validate the projected trends with the most relevant experience available. This data can be found in the attached excel actuarial memorandum, tabs 'Historical Trend' and 'Normalized Trend'. The normalized trend has been normalized since the paid claims will incorporate changes that are due to the mix of the book changing overtime. We have calculated the normalized claims by applying normalization factors to remove observed decreases or increases caused by changes in age mix, area mix, plan mix, mandated benefits and underwriting wear-off. These factors have been calculated such that all paid PMPMs are on a December 2012 basis.

K. CREDIBILITY (provided in attached excel file, Actuarial Memorandum)

1. Credibility Percentage: 0%

The above credibility percentage is based upon: Life Years and Claims

2. Number of years of data used to calculate above credibility percentage: n/a

3. Discuss how and if aggregated data meets the CO credibility requirement: n/a

Additional Information:

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no current experience. As discussed in Section I the data source for the rates is national group experience adjusted for state and market specific differences.

L. DATA REQUIREMENTS (provided in attached excel file, Actuarial Memorandum)

Year	Earned Premiums	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$11,691,793	\$8,048,417	\$8,048,417	\$0	68.8%	7,295	64,597	\$27,636,378
2011	\$27,641,500	\$21,144,790	\$21,144,790	\$0	76.5%	14,008	133,375	\$53,067,907
2012	\$51,029,530	\$40,713,889	\$42,335,296	\$1,621,407	83.0%	22,132	224,109	\$83,844,237

Above data is for: Other: Existing Major Medical Individual product for CGLIC (comparable product)

Experience Period: 01/01/2010 – 12/31/2012

Additional Information:

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no current experience for CHLIC available and there is no nationwide experience available for this product. Therefore, the experience provided in Section L is for the parent company, CGLIC for its current Individual Products. This experience data is consistent with the data provided for the Trend Exhibits in the attached actuarial memorandum in excel and discussed in Section J. This data can be seen separately for medical and pharmacy in Section J where the paid claims and

Company: Cigna Health & Life Insurance Company (CHLIC)
NAIC #: 67369

IBNR are shown by month from 2009 through 2012. We do not split the pharmacy premium separately from the medical premium since it is a bundled product so it is not possible to show the benefits ratio separately for medical and pharmacy. The number of claims shown above is representative of a count of services. The on-rate-level premium is showing the total premium that would have been earned historically using the average proposed premium pmpm in this filing for 2014 ACA compliant plans for the number of average covered lives per year.

M. SIDE-BY-SIDE COMPARISON (provided in attached excel file, Rate Manual)

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there are no current rates, rating factors or variables to compare the proposed factors to. The build-up of the proposed rates can be seen in Section I. All rating factors can be seen in the attached Rate Manual that is described in Section P. As discussed in Section A, CHLIC is only adjusting premium rates by plan for the following factors: Age, as prescribed by the Federal Age Slope, Area, Tobacco usage, by no more than a 1.15:1 ratio, and family composition, a maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy. The build-up of the premium relativities by plan have been provided in Section I and are also shown in Rate Manual.

N. BENEFITS RATIO PROJECTIONS (provided in attached excel file, Actuarial Memorandum)

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. CHLIC's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 78%.

Rating Period			
Year	Earned Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	n/a	n/a	n/a
Projected Experience With Rate Change	59,712,474	46,575,730	78%

As this is a filing for a new product, the projected experience shown above without a rate change is not applicable. The projection with rate change has been calculated by determining the projected weighted average premium rate pmpm based on anticipated enrollment by age and plan in 2014 and was developed using a 78% target loss ratio. The premium rate pmpm and target claims pmpm was multiplied by projected member months in 2014 in order to calculate the annualized projected earned premiums and incurred claims shown above.

- Member Months – The membership projections for CHLIC's benefit plans are developed internally as best estimates generated by applying CGLIC's current market share percentages to the addressable market opportunity developed by an SOA sponsored study, "Cost of the Future Newly Uninsured under the Affordable Care Act (ACA)". There have been additional adjustments made to take into account specific market strategies including the anticipated impacts of the new networks developed by CHLIC.
- Earned Premium – projections for earned premium are developed by applying the projected average rate PMPM to the expected member months projections specified above.
- Incurred Claims – projections for incurred claims are developed by applying the anticipated loss ratio after reinsurance recoveries to the projected earned premium.
- Benefits Ratio is calculated as projected incurred claims divided by projected earned premiums

Above projections include: Colorado

Additional Information:

The projected 2014 PPACA MLR, without adjustment for credibility, for CHLIC individual products is above the minimum loss ratio of 80%, at 81.70%. A demonstration of the projected MLR, with the ACA adjustments, is provided in Section G.

O. OTHER FACTORS (provided in attached excel file, Rate Manual)

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. All rating factors used to determine the proposed rates for these new products have been included in the Rate Manual described in Section P. Support for these factors has been provided in Section I, Rate Development.

P. RATE MANUALS (provided in attached excel file, Rate Manual)

The Rate Manual has been attached and contains all rating factors to calculate all rates provided in the attached Rate Template. The Rate Manual contains the following tabs:

- I. Exhibit I – Rate Manual – Factors: contains the Reference Plan, 49375CO0020010 myCigna Health Flex 1250, as a 21 year old non-tobacco user rate, Premium Relativities for the proposed plans in this filing, rating area factors, a tobacco use factor of 1.15 and the 3:1 age slope as prescribed by HHS.
- II. Exhibit II – Rate Manual – Rates: contains the rating algorithm to calculate all premium rates using the factors on tab I as well as replicates all rates that can be found in the RatesTemplate.

In addition to the factors in the rate manual, for a family a maximum of 3 dependents under of the age of 21 will be used to determine the rate for a family policy as shown in the business rules template. For other rating rules used in deriving the premium rate please refer to the Business Rules Template.

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

		Instructions/Descriptions
Company:	Cigna Health & Life Insurance Company (CHLIC)	Company Name
NAIC #:	67369	NAIC Company Code (CoCode)
SERFF Filing #:	COGH-129038408	SERFF Filing Number
SERFF Binder Filing #:	COGH-CO14-125000870	

A. SUMMARY

	products for individuals & families to be effective January 1, 2014. These plans are attached to a new product that has been submitted under policy form filing COCHIND0413. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.	A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
	CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan. Until recently, Cigna conducted its group and individual health insurance business through Connecticut General Life Insurance Company (CGLIC). Several years ago (pre-PPACA), Cigna made the business decision to cease writing insurance coverage through CGLIC and to migrate all existing and new business to CHLIC, which is a subsidiary of CGLIC. The timing of the migration of all health insurance business to CHLIC, by coincidence, results in CHLIC being used exclusively for new business in 2014. Accordingly, CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan.	
1. Reason(s):	This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no rate increase associated with this filing. Consequently, the rates for the proposed plans in this filing should not be considered a rate increase or decrease because there is no current membership for CHLIC.	The overall rate increase or decrease amount should be listed. List rate change and average change in each component of rate changes and renewal by effective months. List 12 month renewal with changes by component and the averages by component.
2. Requested Rate Action:	The plans represented in this filing are Comprehensive Major Medical plans sold to individuals and families and are to be marketed through brokers, general agents, and directly to consumers as described in the policy form.	A brief description of the marketing method used for the filed form should be listed. (Agency/Broker, Internet, Direct Response, Other)
3. Marketing method(s):	CHLIC is only adjusting premium rates by plan for the following factors: Age, as prescribed by the Federal Age Slope, Area, Tobacco usage, by no more than a 1.15:1 ratio, and family composition, a maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy.	The section should state all attributes upon which the premium rates vary. This must comply with the new rating reforms.
4. Premium Classification(s):	The products proposed in this filing are myCigna Health Savings, myCigna Health Flex and myCigna Copay Assure. A description of the benefits for all plans proposed in this filing is shown in the accompanying Plans/Benefits Template. There are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014 and there have been no substitutions of benefits for EHBs. Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.	This section should describe the benefits provided by the policy. *Must include EHB and list any substitution of benefits or any additional benefits above the EHB.
5. Product Description(s):	COCHIND0413	This can be completed on the form schedule tab in SERFF
6. Policy/Rider Impacted:		A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
7. Age Basis:	The policy premium will reflect the age of the members at issue and then at each renewal.	All policies should be guaranteed renewable.
8. Renewability provision:	Guaranteed Renewable	
Additional Information:		

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition, or merger (from or with another company)?	No	Yes/No
Assumption:	No	Yes/No
Acquisition:	No	Yes/No
Merger:	No	Yes/No
2. If yes, provide name of company(s):	N/A	Company Name
3. Closing Date of assumption, merger or acquisition:	N/A	DD/MM/YYYY
Additional Information:		

C. RATING PERIOD

Proposed Effective Date: (may not say "upon approval")	01/01/2014	Date (DD/MM/YYYY)
Rating Period:	Annual	(Annual, Semi-Annual, Quarterly, Other)
Rating Period Dates:	1/1/2014 to 12/31/2014	DD/MM/YYYY to DD/MM/YYYY

D. EFFECT OF LAW CHANGES

Identify and quantify changes resulting from mandated benefits and other law changes:	This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Therefore, the law changes will not result in a rate increase or decrease because there are not filed current rates.	
	These rates are in compliance with all state and federal laws going into effect for 2014. The benefits and rates have been developed in compliance with PPACA. Most EHBs are already represented in the base experience underlying the proposed manual rate in this filing. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the manual rate, resulting in a 0.9% load. The benefits that required additional adjustments outside of the base experience were physical, speech and occupational therapy, autism spectrum disorder and allergy testing.	The memorandum should identify, quantify, and adequately support any changes to the rates, expenses, and/or medical costs that result from changes in law(s) or regulation(s), including federal, state or local. All applicable benefit mandates should be listed, including those with no rating impact. This quantification must include the effect of specific mandated benefits and anticipated changes both individually by benefit, as well as for all benefits combined.
	As described in Section I, plan level rates were generated using the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2). The Risk Adjustment and Reinsurance programs were also taken into consideration. Only the allowed rating adjustments are in addition, the rate development is in compliance with all current Colorado and federal laws.	
Additional Information:		

E. RATE HISTORY

Provide rate changes made in at least the last three years (if available)	N/A (Initial Filing)	Complete tab "Rate History"
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F. COORDINATION OF BENEFITS

Provides actual loss experience net of any savings:	Yes	Each rate filing must reflect actual loss experience net of any savings associated with coordination of benefits and/or subrogation.
Additional Information:		

G. RELATIONSHIP OF BENEFITS TO PREMIUM

Description	Percentage	
Commissions	4.00%	The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period.
General expenses	9.56%	
Premium taxes	1.00%	
Profit/Contingencies	2.50%	
PPACA Fees	3.76%	
Exchange Fees	1.12%	
Investment income		
Other		
Total Retention:	21.9%	
Targeted Loss Ratio:	78.1%	
		(This number should equal 1 minus the total retention percentage listed above.)

H. PROVISION FOR PROFIT AND CONTINGENCIES

1. Provision for Profit and Contingencies:	2.5%	Pre-FIT	The memorandum must identify the percentage of the provision for profit and contingencies, and how this provision is included in the final rate. If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses must be considered in the ratemaking process. Detailed support must be provided for any proposed load.
2. Proposed load in excess of 7% after tax:	0%		
Provide detailed support:	CHLIC has targeted a 2.5% profit margin that is built into its premium rates. This target is based on CHLIC attaining scalable membership, which is not expected for the rating period. In the event that actual membership size and distribution differs from expectations, the actual profit margin may vary. There is no additional risk margin load.		
Additional Information:	Please see the attached pdf version of the CO actuarial memorandum, Sections G & H.		

I. DETERMINATION OF PROPOSED RATES

Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)		The memorandum must contain a section with a complete explanation as to how the proposed rates were determined, including all underlying rating assumptions, with detailed support for each assumption. This includes all rating factors.
1. Explain, in detail, how rates and/or rate changes were developed:	Please see the attached pdf version of the CO actuarial memorandum, Section I.	
2. Provide adequate support for all assumptions and methodologies used:	Please see the attached pdf version of the CO actuarial memorandum, Section I.	

J. TREND

Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs		Describe the trend assumptions used in pricing. Each assumption must be separately discussed, adequately supported, and must also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported. The Total Average Annualized Trend MUST be filled out. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.
Itemized trend component	Trend (%)	
MEDICAL TREND (total)	9.1%	
Medical provider price increase	4.3%	
Utilization changes	4.6%	
Medical cost shifting		
Medical procedures and new technology		

INSURANCE TREND (total)	2.0%	
Underwriting wearoff	n/a	
Deductible leveraging	2.0%	
Anti-selection	n/a	
PHARMACEUTICAL TREND (total)	9.2%	
Price increases		
Utilization changes		
Cost shifting		
Introduction of new brand and generic drugs		
TOTAL AVERAGE ANNUALIZED TREND (required)	11.4%	
Additional information:	In addition to the trend tabs in this file, please also see the attached pdf version of the CO actuarial memorandum, Section J, for additional support for these trends.	

P. CREDIBILITY		
1. Credibility Percentage (Colorado Only):	0%	The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience. Discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Identify and discuss the source, applicability and use of collateral data used to support partially credible Colorado data. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}[(\# \text{life years or claims}) / \text{full credibility standard}]$. The full credibility standard is defined above
The above credibility percentage is based upon:	Life Years and Claims	
Other (please specify)		
2. Number of years of data used to calculate above credibility percentage:	N/A	
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	N/A	
Additional information: (including collateral data, if used)	This will be the first year that individual health insurance coverage will be offered by OHLC in this state. Since this is a filing for a new product, there is no current experience. As discussed in Section I the data source for the rates is national group experience adjusted for state and market specific differences.	

Q. DATA REQUIREMENTS	Complete tab "Data Requirements"
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R. SIDE-BY-SIDE COMPARISON	Complete tab "Side by Side Comparison"
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S. BENEFITS RATIO PROJECTIONS	Complete tab "Projected Benefits Ratio"
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T. OTHER FACTORS		
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	This will be the first year that individual health insurance coverage will be offered by OHLC in this state. All rating factors used to determine the proposed rates for these new products have been included in the Rate Manual described in Section P. Support for these factors has been provided in Section I, Rate Development.	The memorandum must clearly display or clearly reference all other rating factors and definitions, including the area factors, age factors, gender factors, etc., and support for each of these factors in a new rate filing. The same level of support for changes to any of these factors must be included in renewal rate filings. In addition, the Commissioner expects each carrier to review each of these rating factors at least every five years and provide detailed support for the continued use of each of these factors in a rate filing. Gender factors shall not vary for individual health care coverage effective on or after January 1, 2011. See Section 8.C of this regulation.
Additional information:		

Year	2018	2019	2020	2021	2022
Q1					
Q2					
Q3					
Q4					
Q5					
Q6					
Q7					
Q8					
Q9					
Q10					
Q11					
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In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:
Enter Your Member and Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.
The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid: Mar-12

Row #	Month	Members	Medical		Pharmacy		Medical		Pharmacy		Total	
			Total	Estimated	Total	Estimated	12-Month		12-Month		12-Month	
			Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm	pmpm Trend	pmpm	pmpm Trend	pmpm	pmpm Trend
1	Jan-09	84	\$1,351	\$0	\$106	\$0						
2	Feb-09	224	\$3,871	\$0	\$2,090	\$0						
3	Mar-09	358	\$26,548	\$0	\$1,314	\$0						
4	Apr-09	490	\$20,145	\$0	\$3,924	\$0						
5	May-09	668	\$25,454	\$0	\$2,954	\$0						
6	Jun-09	845	\$26,544	\$0	\$5,796	\$0						
7	Jul-09	1,042	\$76,144	\$0	\$5,099	\$0						
8	Aug-09	1,334	\$43,190	\$0	\$6,187	\$0						
9	Sep-09	1,733	\$101,709	\$0	\$9,203	\$0						
10	Oct-09	2,155	\$94,537	\$0	\$13,131	\$0						
11	Nov-09	2,596	\$124,310	\$0	\$9,681	\$0						
12	Dec-09	3,237	\$188,082	\$0	\$14,372	\$0	\$49.57		\$5.00		\$54.57	
13	Jan-10	4,039	\$213,280	\$0	\$15,133	\$0	\$50.41	1.7%	\$4.75	-5.1%	\$55.16	1.1%
14	Feb-10	4,689	\$218,499	\$0	\$25,797	\$0	\$49.96	-0.9%	\$4.86	2.3%	\$54.82	-0.6%
15	Mar-10	5,237	\$411,849	\$0	\$29,438	\$0	\$55.01	10.1%	\$5.01	3.3%	\$60.02	9.5%
16	Apr-10	5,737	\$417,127	\$0	\$40,043	\$0	\$58.26	5.9%	\$5.31	5.9%	\$63.57	5.9%
17	May-10	6,303	\$631,606	\$0	\$36,054	\$0	\$65.39	12.2%	\$5.39	1.5%	\$70.78	11.4%
18	Jun-10	6,909	\$415,417	\$0	\$42,179	\$0	\$65.22	-0.3%	\$5.47	1.5%	\$70.70	-0.1%
19	Jul-10	7,573	\$485,660	\$0	\$46,984	\$0	\$64.90	-0.5%	\$5.59	2.2%	\$70.50	-0.3%
20	Aug-10	8,218	\$744,196	\$0	\$59,265	\$0	\$69.25	6.7%	\$5.84	4.5%	\$75.10	6.5%
21	Sep-10	9,355	\$992,130	\$0	\$65,215	\$0	\$74.74	7.9%	\$6.02	3.0%	\$80.76	7.5%
22	Oct-10	9,158	\$907,410	\$0	\$69,176	\$0	\$78.71	5.3%	\$6.21	3.2%	\$84.91	5.1%
23	Nov-10	9,385	\$840,640	\$0	\$78,985	\$0	\$80.99	2.9%	\$6.55	5.5%	\$87.53	3.1%
24	Dec-10	10,938	\$1,158,263	\$0	\$104,071	\$0	\$84.94	4.9%	\$6.99	6.9%	\$91.94	5.0%
25	Jan-11	10,912	\$1,133,387	\$0	\$62,317	\$0	\$88.51	4.2%	\$6.99	-0.1%	\$95.49	3.9%
26	Feb-11	11,597	\$1,025,697	\$0	\$81,711	\$0	\$90.44	2.2%	\$7.06	1.1%	\$97.50	2.1%
27	Mar-11	12,343	\$1,327,824	\$0	\$98,476	\$0	\$92.96	2.8%	\$7.23	2.5%	\$100.19	2.8%
28	Apr-11	13,047	\$1,323,920	\$0	\$97,298	\$0	\$94.92	2.1%	\$7.27	0.5%	\$102.20	2.0%
29	May-11	13,656	\$1,405,414	\$0	\$98,630	\$0	\$95.54	0.6%	\$7.35	1.0%	\$102.89	0.7%
30	Jun-11	14,227	\$1,471,160	\$0	\$125,570	\$0	\$98.27	2.9%	\$7.57	3.1%	\$105.85	2.9%
31	Jul-11	14,574	\$1,732,868	\$0	\$116,598	\$0	\$102.34	4.1%	\$7.69	1.6%	\$110.04	4.0%
32	Aug-11	14,936	\$1,991,060	\$0	\$135,627	\$0	\$106.22	3.8%	\$7.87	2.2%	\$114.09	3.7%
33	Sep-11	15,408	\$1,831,756	\$0	\$148,577	\$0	\$107.53	1.2%	\$8.10	3.0%	\$115.64	1.4%
34	Oct-11	15,603	\$1,956,253	\$0	\$159,345	\$0	\$109.80	2.1%	\$8.35	3.0%	\$118.15	2.2%
35	Nov-11	15,723	\$1,927,673	\$0	\$146,265	\$0	\$112.20	2.2%	\$8.43	1.1%	\$120.64	2.1%
36	Dec-11	16,060	\$2,557,013	\$0	\$190,350	\$0	\$117.11	4.4%	\$8.69	3.0%	\$125.80	4.3%
37	Jan-12	17,181	\$2,212,012	\$11,791	\$99,461	\$14	\$119.15	1.7%	\$8.59	-1.1%	\$127.74	1.5%
38	Feb-12	18,302	\$2,565,952	\$19,066	\$118,211	\$19	\$123.35	3.5%	\$8.47	-1.4%	\$131.82	3.2%
39	Mar-12	19,309	\$2,897,356	\$23,948	\$144,643	\$28	\$127.25	3.2%	\$8.41	-0.8%	\$135.66	2.9%
40	Apr-12	19,865	\$2,739,618	\$29,136	\$171,429	\$44	\$130.22	2.3%	\$8.49	1.0%	\$138.71	2.2%
41	May-12	20,698	\$2,901,270	\$37,318	\$181,577	\$52	\$133.27	2.3%	\$8.61	1.4%	\$141.88	2.3%
42	Jun-12	21,878	\$2,714,596	\$36,633	\$171,608	\$81	\$134.51	0.9%	\$8.51	-1.1%	\$143.03	0.8%
43	Jul-12	22,621	\$3,511,221	\$84,283	\$172,390	\$113	\$138.10	2.7%	\$8.46	-0.7%	\$146.55	2.5%
44	Aug-12	23,714	\$3,685,228	\$94,336	\$244,769	\$179	\$140.64	1.8%	\$8.61	1.8%	\$149.25	1.8%
45	Sep-12	24,687	\$2,696,121	\$73,530	\$234,748	\$232	\$139.09	-1.1%	\$8.64	0.3%	\$147.72	-1.0%
46	Oct-12	25,163	\$3,959,822	\$253,476	\$255,265	\$336	\$142.87	2.7%	\$8.69	0.6%	\$151.56	2.6%
47	Nov-12	25,719	\$3,646,161	\$294,791	\$267,985	\$404	\$145.16	1.6%	\$8.83	1.6%	\$153.99	1.6%
48	Dec-12	26,462	\$4,811,093	\$661,132	\$311,352	\$463	\$150.45	3.6%	\$8.94	1.3%	\$159.40	3.5%

Start Month	End Month	Members Months	Medical		Pharmacy		One Year Trends					
			Total	Estimated	Total	Estimated	Medical		Pharmacy		Total	
			Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm	trend	pmpm	trend	pmpm	Trend
Jan-09	Dec-09	14,766	731,886	0	73,858	0	\$49.57		\$5.00		\$54.57	
Jan-10	Dec-10	87,541	7,436,078	0	612,340	0	\$84.94	71.4%	\$6.99	39.8%	\$91.94	68.5%
Jan-11	Dec-11	168,086	19,684,025	0	1,460,765	0	\$117.11	37.9%	\$8.69	24.2%	\$125.80	36.8%
Jan-12	Dec-12	265,599	38,340,452	1,619,440	2,373,437	1,967	\$150.45	28.5%	\$8.94	2.9%	\$159.40	26.7%

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Rate Sample - 40 year old, non-tobacco user rate

Company Legal Name: **Cigna Health and Life Insurance Company**
HIOS Issuer ID: **49375**
Effective Date: **01/01/2014**

Plan ID	Plan Name	Metal Tier	Rating Area	Network	Premium
49375CO0020005	myCigna Health Flex 1500	Silver	3	Local Plus	318.17
49375CO0020008	myCigna Copay Assure Silver	Silver	3	Local Plus	356.88
49375CO0020009	myCigna Health Savings 1900	Gold	3	Local Plus	367.32
49375CO0020010	myCigna Health Flex 1250	Gold	3	Local Plus	387.07

Colorado Actuarial Certification

I, Lauren Danziger, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - ASOP #41, Actuarial Communications
 - Reasonable in relation to the benefits provided and the population anticipated to be covered and that the rates are not excessive, inadequate or unfairly discriminatory
- b) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- c) The percent of total premium that represents essential health benefits included in Worksheet 2, Sections IV, of the Part 1 URR Template was calculated in accordance with applicable Actuarial Standards of Practice
- d) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, save the exceptions shown in Section 13 and which are further explained in the accompanying actuarial certification "Unique Plan Design Supporting Documentation & Justification".



Lauren Danziger, FSA, MAAA
Actuarial Manager
Cigna Health & Life Insurance Company
Lauren.Danziger@Cigna.com

May 14, 2013

Date

User Inputs for Plan Parameters (myCigna Health Savings 6100)

- Use Integrated Medical and Drug Deductible?☐
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier

Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$6,100.00			
		99.99%			
		\$6,350.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

58.2%

Bronze

User Inputs for Plan Parameters (myCigna Health Flex 5500)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier

Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,500.00			
		60.00%			
		\$6,350.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	2

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
60.8%
Bronze

60.3% --> Use this value
because this plan has Limited Specialist OV

User Inputs for Plan Parameters (myCigna Health Flex 5100)

Use Integrated Medical and Drug Deductible?☐

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR Standard?☐

Desired Metal Tier

Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,100.00			
Coinsurance (% Insurer's Cost Share)			60.00%			
OOP Maximum (\$)			\$6,350.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$22.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

62.0%

Bronze

User Inputs for Plan Parameters (myCigna Health Savings 3400)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,400.00
		99.99%
		OOP Maximum (\$)
		\$6,350.00
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:68.4%

Metal Tier:Silver

Calculation Successful.

User Inputs for Plan Parameters (myCigna Health Savings 3400 73%)

- Use Integrated Medical and Drug Deductible?☐
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,600.00			
		99.99%			
		\$4,500.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.2%
Silver

User Inputs for Plan Parameters (myCigna Health Savings 3400 87%)

- Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☒
Desired Metal Tier Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,000.00			
		99.99%			
		\$2,250.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:
Actuarial Value: 86.6%
Metal Tier: Gold

CSR Level of 87% (150-200% FPL), Calculation Successful.

User Inputs for Plan Parameters (myCigna Health Savings 3400 94%)

- Use Integrated Medical and Drug Deductible?☐
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal TierPlatinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$350.00			
		99.99%			
		\$2,250.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.3%
Platinum

User Inputs for Plan Parameters (myCigna Health Flex 1500)

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,500.00			
		70.00%			
		\$6,350.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$58.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	2

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 69.1%
Metal Tier: Silver 69.1% --> Use this value because this plan has Limited Specialist OV

User Inputs for Plan Parameters (myCigna Health Flex 1500 73%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,500.00			
		70.00%			
		\$4,250.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$58.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☒

Copays (1-10): 2

Output

Status/Error Messages:

Actuarial Value: 72.6%

Metal Tier: Silver

CSR Level of 73% (200-250% FPL), Calculation Successful.

72.5% --> Use this value

because this plan has Limited Specialist OV

User Inputs for Plan Parameters (myCigna Health Flex 1500 87%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$725.00			
		70.00%			
		\$1,400.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	2

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.3%

Gold

86.3% --> Use this value

because this plan has Limited Specialist OV

User Inputs for Plan Parameters (myCigna Health Flex 1500 94%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal TierPlatinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$200.00			
		70.00%			
		\$575.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$19.33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input checked="" type="checkbox"/>
# Copays (1-10):	2

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.5%

Platinum

93.4% --> Use this value

because this plan has Limited Specialist OV

User Inputs for Plan Parameters (myCigna Health Flex 2750)

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR Standard?☐

Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,750.00			
		80.00%			
		\$6,350.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:68.6%

Metal Tier:Silver

Calculation Successful.

User Inputs for Plan Parameters (myCigna Health Flex 2750 73%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$2,250.00			
		80.00%			
		\$4,500.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
72.5%
Silver

User Inputs for Plan Parameters (myCigna Health Flex 2750 87%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$750.00			
		80.00%			
		\$1,400.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
86.0%
Gold

User Inputs for Plan Parameters (myCigna Health Flex 2750 94%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal TierPlatinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$200.00			
		80.00%			
		\$575.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$19.33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.1%
Platinum

User Inputs for Plan Parameters (myCigna Health Flex 5000)

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier Silver ▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,000.00			
		100.00%			
		\$5,000.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 69.4%
Metal Tier: Silver

User Inputs for Plan Parameters (myCigna Health Flex 5000 73%)

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR Standard?☒

Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$4,250.00			
		100.00%			
		\$4,250.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
72.0%
Silver

User Inputs for Plan Parameters (myCigna Health Flex 5000 87%)

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR Standard?☒

Desired Metal Tier

Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,450.00			
		100.00%			
		\$1,450.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
86.2%
Gold

User Inputs for Plan Parameters (myCigna Health Flex 5000 94%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☐
- Apply Skilled Nursing Facility Copay per Day?☐
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal TierPlatinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$600.00			
		100.00%			
		\$600.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> II			<input checked="" type="checkbox"/> II	<input checked="" type="checkbox"/> II		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> II			<input checked="" type="checkbox"/> II	<input checked="" type="checkbox"/> II		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$19.33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.4%
Platinum

User Inputs for Plan Parameters (myCigna Copay Assure Silver)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☒
- Apply Skilled Nursing Facility Copay per Day?☒
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	
1st Tier Utilization:	
2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$6,350.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$19.11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$58.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.7%

Silver

User Inputs for Plan Parameters (myCigna Copay Assure Silver 73%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☒
- Apply Skilled Nursing Facility Copay per Day?☒
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		70.00%			
		\$5,200.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$58.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.8%
Silver

User Inputs for Plan Parameters (myCigna Copay Assure Silver 87%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☒
- Apply Skilled Nursing Facility Copay per Day?☒
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal Tier

Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		70.00%			
		\$1,200.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$58.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.0%
Gold

User Inputs for Plan Parameters (myCigna Copay Assure Silver 94%)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☒
- Apply Skilled Nursing Facility Copay per Day?☒
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☒
- Desired Metal TierPlatinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design	Tier 2 Plan Benefit Design
	MedicalDrugCombined	MedicalDrugCombined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
OOP Maximum (\$)		
OOP Maximum if Separate (\$)		

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$8.23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$19.33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.8%
Platinum

User Inputs for Plan Parameters (myCigna Health Flex 1900)

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR Standard?☐

Desired Metal Tier

Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,900.00			
		99.99%			
		\$6,350.00			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.6%

Gold

User Inputs for Plan Parameters (myCigna Health Flex 1250)

Use Integrated Medical and Drug Deductible?☒

Apply Inpatient Copay per Day?☐

Apply Skilled Nursing Facility Copay per Day?☐

Use Separate OOP Maximum for Medical and Drug Spending?☐

Indicate if Plan Meets CSR Standard?☐

Desired Metal Tier

Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,250.00			
		80.00%			
		\$2,500.00			

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:☐

Set a Maximum Number of Days for Charging an IP Copay?☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?☐

Copays (1-10):

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.6%

Gold

User Inputs for Plan Parameters (myCigna Copay Assure Gold)

- Use Integrated Medical and Drug Deductible?☒
- Apply Inpatient Copay per Day?☒
- Apply Skilled Nursing Facility Copay per Day?☒
- Use Separate OOP Maximum for Medical and Drug Spending?☐
- Indicate if Plan Meets CSR Standard?☐
- Desired Metal Tier

Gold▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	
1st Tier Utilization:	
2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$5,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$11.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$43.50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.
79.3%
Gold

June 3, 2013

Objection 1

Comments: If any documents are in an excel format, please also provide them as PDF files.

In response to your objection, we have provided PDF files for all documents previously provided in excel.

Objection 2

Comments: Regulation 4-2-11 section 6 (A) Please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

In response to your objection, below we have provided a supplement to Section A, 6 of the Actuarial Memorandum that provides a summary of the benefits for the plans described in this section. In addition, we have listed out the EHBs that can also be found in our PlansBenefits Template. As mentioned in the original submission, a full description of the benefits for all plans proposed in this filing is shown in the accompanying PlansBenefits Template. There are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014 and there have been no substitutions of benefits for EHBs. Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.

Supplement to Actuarial Memorandum, Section A, 6: Summary of Plan Benefits

Health Flex Plans – 5500/60%, 5100/60%, 5000/100%, 2750/80%, 1500/70%, 1900/100%, 1250/80%	
Metal Tier	5500, 5100 – Bronze 5000, 2750, 1500 – Silver 1900, 1250 - Gold
Deductibles	\$5,500, \$5,100, \$5,000, \$2,750, \$1,500, \$1,900, \$1,250 in-network; \$12,500 out of network
Family Deductibles	Family deductible is twice the individual deductible
Out-of-Pocket Maximum	\$6,350, \$6,350, \$5,000, \$6,350, \$6,350, \$6,350, \$2,500 for members for in-network; \$25,000 out of network. Family out-of-pocket maximum is twice the individual out-of-pocket maximum
Coinsurance	60% (5500, 5100), 70% (1500), 80% (2750, 1250), 100% (5000, 1900), in-network; 50% out of network
Physician Office Visits (PCP/SCP)	\$30/\$60 copay first 2 visits each then ded/coins (5500, 1500), \$20/\$40 copay (1250), \$30/\$60 copay (2750, 5000), \$45/\$85 copay (5100), ded/coins (1900) in-network; ded/coins out of network
Pharmacy Deductible	Combined with medical
Pharmacy Copay	\$4/Ded-Coins/Ded-Coins (5500), \$4/\$30/\$Ded-Coin (5100), \$4/\$15/\$45 (5000, 2750, 1250), \$4/\$20/\$60 (1500), Ded-Coins

	(1900) tiers 1-3 and 50%/60% Tiers 4-5 for in-network; 50% after deductible for out-of-network
--	---

Health Savings Plans (HSP) – 6100/100%, 3400/100%,	
Metal Tier	6100 – Bronze 3400 - Silver
Deductibles	\$6,100, \$3,400 in-network; \$12,500 out of network
Family Deductibles	Family deductible is twice the individual deductible
Out-of-Pocket Maximum	\$6,350 for members for in-network; \$25,000 out of network. Family out-of-pocket maximum is twice the individual out-of-pocket maximum
Coinsurance	100% in-network; 50% out of network
Physician Office Visits (PCP/SCP)	Subject to ded/coins
Pharmacy Deductible	Combined with Medical
Pharmacy Copay	100% after deductible (tiers 1-3), 50% after deductible (tier 4), 60% after deductible (tier 5); 50% after deductible for out-of-network

Copay Assure – Silver, Gold	
Deductibles	\$0 in-network; \$12,500 out of network
Family Deductibles	\$0 in-network; \$25,000 out of network
Out-of-Pocket Maximum	\$6,350 (Silver) or \$5,000 (Gold) for individuals in-network; \$25,000 out of network. Family out-of-pocket maximum is twice the individual out-of-pocket

	maximum
Coinsurance	60-70% (Silver), 70% (Gold) in-network; 50% out of network
Physician Office Visits (PCP/SCP)	\$30/\$60 copay in-network; ded/coins out-of-network
Pharmacy Deductible	Combined with Medical
Pharmacy Copay	\$4/\$20/\$60 (Silver), \$4/\$15/\$45 (Gold) tiers 1-3 and 50%/60% tiers 4-5 for in-network: 50% after deductible for out-of-network

EHBs covered:

- Primary Care Visit to Treat an Injury or Illness
- Specialist Visit
- Other Practitioner Office Visit (Nurse, Physician Assistant)
- Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
- Outpatient Surgery Physician/Surgical Services
- Hospice Services
- Private-Duty Nursing
- Urgent Care Centers or Facilities
- Home Health Care Services
- Emergency Room Services
- Emergency Transportation/Ambulance
- Inpatient Hospital Services (e.g., Hospital Stay)
- Inpatient Physician and Surgical Services
- Skilled Nursing Facility
- Prenatal and Postnatal Care
- Delivery and All Inpatient Services for Maternity Care
- Mental/Behavioral Health Outpatient Services
- Mental/Behavioral Health Inpatient Services
- Substance Abuse Disorder Outpatient Services
- Substance Abuse Disorder Inpatient Services
- Generic Drugs
- Preferred Brand Drugs
- Non-Preferred Brand Drugs
- Specialty Drugs
- Outpatient Rehabilitation Services
- Habilitation Services
- Durable Medical Equipment
- Hearing Aids
- Imaging (CT/PET Scans, MRIs)
- Preventive Care/Screening/Immunization
- Routine Eye Exam for Children

- Rehabilitative Speech Therapy
- Rehabilitative Occupational and Rehabilitative Physical Therapy
- Well Baby Visits and Care
- Laboratory Outpatient and Professional Services
- X-rays and Diagnostic Imaging
- Transplant
- Accidental Dental
- Dialysis
- Allergy Testing
- Chemotherapy
- Radiation
- Diabetes Education
- Prosthetic Devices
- Infusion Therapy
- Treatment for Temporomandibular Joint Disorders
- Nutritional Counseling
- Reconstructive Surgery
- Clinical Trials
- Diabetes Care Management
- Inherited Metabolic Disorder - PKU
- Off Label Prescription Drugs
- Dental Anesthesia
- Prescription Drugs Other
- Congenital Anomaly, including Cleft Lip/Palate
- Early Intervention Services
- Rehabilitative Occupational Therapy
- Rehabilitative Physical Therapy
- Autism Spectrum Disorders
- Telemedicine
- Rehabilitative Speech Therapy
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Breast Reconstructive Surgery
- Anesthesia
- Hearing Exams
- Smoking Cessation Program
- Contraceptive Services

June 5, 2013

Objection 1

*Comments: ****note: actuarial memorandum, certification, rate sample are not confidential*

These documents were modified to not be marked as confidential in response to an objection letter received on May 17, 2013.

Objection 2

- CO Actuarial Memorandum- Confidential (Supporting Document)

Comments: Please explain why your retention components on (G), commissions are different than your financials.

The commissions shown in Section G are not different from the financials, but are summarized in a different fashion. Since the retention components shown represent the retention on average across the entire book, the commission percentage of 4% represents a socialized commission percentage based on projected enrollment by distribution channel since not all distribution channels have a commission acquisition expense. The 13.56% that is described in the administrative expense load subpart of Section G includes both the commissions and general expenses.

Objection 3

Comments: Please provide the URRT is a xls file. We cannot download the zip file.

We have attached the URRT as an xls file.

Objection 4

Comments: The Actuarial Memorandum is not confidential, although you have some information (I) that could be confidential. Please re-submit the Colorado Actuarial Memorandum without Confidential information attached. You may attach the information to the supporting docs

These documents were modified to not be marked as confidential in response to an objection letter received on May 17, 2013.

Objection 5

- CO Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) PPACA rate filing procedure (A) 5, please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

We received this objection previously on May 29 and have already provided a response. We have attached our submitted response to this response for your reference in Appendix A.

Objection 6

Comments: Please provide the number of member months under the Requested Rate Change Information of the Rate Review Detail section.

The member months in this section is intended to represent the member months from the experience period. This will be the first year that individual health insurance coverage will be offered by CHLIC in Colorado. Since this is a filing for a new product, there are no member months to report. For your reference, our projected member months for 2014 are 178,193 as seen in Section G of the actuarial memorandum in the projected federal MLR exhibit. If the department interprets this section differently and thinks the projected member months shown above should be included in the rate review detail section, please let us know and we can make this change.

Appendix A: Response to Objection from May 29, 2013

Objection 2

Comments: Regulation 4-2-11 section 6 (A) Please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

In response to your objection, below we have provided a supplement to Section A, 6 of the Actuarial Memorandum that provides a summary of the benefits for the plans described in this section. In addition, we have listed out the EHBs that can also be found in our PlansBenefits Template. As mentioned in the original submission, a full description of the benefits for all plans proposed in this filing is shown in the accompanying PlansBenefits Template. There are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014 and there have been no substitutions of benefits for EHBs. Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.

Supplement to Actuarial Memorandum, Section A, 6: Summary of Plan Benefits

Health Flex Plans – 5500/60%, 5100/60%, 5000/100%, 2750/80%, 1500/70%, 1900/100%, 1250/80%	
Metal Tier	5500, 5100 – Bronze 5000, 2750, 1500 – Silver 1900, 1250 - Gold
Deductibles	\$5,500, \$5,100, \$5,000, \$2,750, \$1,500, \$1,900, \$1,250 in-network; \$12,500 out of network
Family Deductibles	Family deductible is twice the individual deductible
Out-of-Pocket Maximum	\$6,350, \$6,350, \$5,000, \$6,350, \$6,350, \$6,350, \$2,500 for members for in-network; \$25,000 out of network. Family out-of-pocket maximum is twice the individual out-of-pocket maximum
Coinsurance	60% (5500, 5100), 70% (1500), 80% (2750, 1250), 100% (5000, 1900), in-network; 50% out of network
Physician Office Visits (PCP/SCP)	\$30/\$60 copay first 2 visits each then ded/coins (5500, 1500), \$20/\$40 copay (1250), \$30/\$60 copay (2750, 5000), \$45/\$85 copay (5100), ded/coins (1900) in-network; ded/coins out of network
Pharmacy Deductible	Combined with medical
Pharmacy Copay	\$4/Ded-Coins/Ded-Coins (5500), \$4/\$30/\$Ded-Coin (5100), \$4/\$15/\$45 (5000, 2750, 1250), \$4/\$20/\$60 (1500), Ded-Coins (1900) tiers 1-3 and 50%/60% Tiers 4-5 for in-network; 50% after deductible for out-of-network

Health Savings Plans (HSP) – 6100/100%, 3400/100%,	
Metal Tier	6100 – Bronze 3400 - Silver
Deductibles	\$6,100, \$3,400 in-network; \$12,500 out of network
Family Deductibles	Family deductible is twice the individual deductible
Out-of-Pocket Maximum	\$6,350 for members for in-network; \$25,000 out of network. Family out-of-pocket maximum is twice the individual out-of-pocket maximum
Coinsurance	100% in-network; 50% out of network
Physician Office Visits (PCP/SCP)	Subject to ded/coins
Pharmacy Deductible	Combined with Medical
Pharmacy Copay	100% after deductible (tiers 1-3), 50% after deductible (tier 4), 60% after deductible (tier 5); 50% after deductible for out-of-network

Copay Assure – Silver, Gold	
Deductibles	\$0 in-network; \$12,500 out of network
Family Deductibles	\$0 in-network; \$25,000 out of network
Out-of-Pocket Maximum	\$6,350 (Silver) or \$5,000 (Gold) for individuals in-network; \$25,000 out of network. Family out-of-pocket maximum is twice the individual out-of-pocket maximum
Coinsurance	60-70% (Silver), 70% (Gold) in-network; 50% out of network
Physician Office Visits (PCP/SCP)	\$30/\$60 copay in-network;

	ded/coins out-of-network
Pharmacy Deductible	Combined with Medical
Pharmacy Copay	\$4/\$20/\$60 (Silver), \$4/\$15/\$45 (Gold) tiers 1-3 and 50%/60% tiers 4-5 for in-network: 50% after deductible for out-of-network

EHBs covered:

- Primary Care Visit to Treat an Injury or Illness
- Specialist Visit
- Other Practitioner Office Visit (Nurse, Physician Assistant)
- Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
- Outpatient Surgery Physician/Surgical Services
- Hospice Services
- Private-Duty Nursing
- Urgent Care Centers or Facilities
- Home Health Care Services
- Emergency Room Services
- Emergency Transportation/Ambulance
- Inpatient Hospital Services (e.g., Hospital Stay)
- Inpatient Physician and Surgical Services
- Skilled Nursing Facility
- Prenatal and Postnatal Care
- Delivery and All Inpatient Services for Maternity Care
- Mental/Behavioral Health Outpatient Services
- Mental/Behavioral Health Inpatient Services
- Substance Abuse Disorder Outpatient Services
- Substance Abuse Disorder Inpatient Services
- Generic Drugs
- Preferred Brand Drugs
- Non-Preferred Brand Drugs
- Specialty Drugs
- Outpatient Rehabilitation Services
- Habilitation Services
- Durable Medical Equipment
- Hearing Aids
- Imaging (CT/PET Scans, MRIs)
- Preventive Care/Screening/Immunization
- Routine Eye Exam for Children
- Rehabilitative Speech Therapy
- Rehabilitative Occupational and Rehabilitative Physical Therapy
- Well Baby Visits and Care
- Laboratory Outpatient and Professional Services
- X-rays and Diagnostic Imaging

- Transplant
- Accidental Dental
- Dialysis
- Allergy Testing
- Chemotherapy
- Radiation
- Diabetes Education
- Prosthetic Devices
- Infusion Therapy
- Treatment for Temporomandibular Joint Disorders
- Nutritional Counseling
- Reconstructive Surgery
- Clinical Trials
- Diabetes Care Management
- Inherited Metabolic Disorder - PKU
- Off Label Prescription Drugs
- Dental Anesthesia
- Prescription Drugs Other
- Congenital Anomaly, including Cleft Lip/Palate
- Early Intervention Services
- Rehabilitative Occupational Therapy
- Rehabilitative Physical Therapy
- Autism Spectrum Disorders
- Telemedicine
- Rehabilitative Speech Therapy
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Breast Reconstructive Surgery
- Anesthesia
- Hearing Exams
- Smoking Cessation Program
- Contraceptive Services

June 19, 2013

Objection 1

Comments: Please provide a calculation summary that includes the starting index rate along with all of the components and factors used to reach the final index rate. Be sure to include all adjustments. Please upload an excel and pdf version of this summary.

Below please find a calculation summary of the build-up of the final index rate from the manual rate developed from the underlying group experience. This exhibit has also been attached as an excel file. Please note the final index rate does not reflect the impact of the risk mitigation programs. As outlined in the Section 9 of the Actuarial Memorandum we estimate that reinsurance will cover 12.5% of claims. This reinsurance adjustment, the cost sharing adjustments and other allowable modifiers must be applied in order to convert the index rate to a premium rate.

PPACA 2014 MLR		
1	2012 Group Allowed Claims (PMPM)	\$371
2	Medical Cost Trend	22.8%
3	Network Savings	-3.5%
4	Pharmacy Formulary Changes	-4.5%
5	Morbidity	5.0%
6	Tobacco Socialization	1.0%
7	Demographic Factor	0.0%
8	Impact of EHBs	0.9%
9	Plan Design Factor	-4.8%
10	Area Factor Adjustment	-2.5%
11	2014 Index Rate (PMPM)	\$416

Factors:

1. Full year 2012 allowed claims PMPM for Cigna's group business in Colorado.
2. This accounts for trend applied for two years, annualized at 10.8%, to trend the PMPM to 2014.
3. This adjustment accounts for differences in the network compared to the network utilized for the underlying group experience as outlined in the Part III Actuarial Memorandum, Section 6b.
4. This adjustment accounts for changes made to the pharmacy formulary.
5. This accounts for differences in the morbidity risk of the population, as outlined in section 6b of the Part III Actuarial Memorandum.
6. This factor accounts for Colorado limiting the tobacco rate up to 15%, which we believe is less than the actual cost associated with tobacco use. If permitted, we would have proposed a factor of 25%, so we have socialized the additional tobacco costs across the entire book of business.
7. This adjustment accounts for the age slope compression due to the ACA-mandated 3:1 age slope, which nets out to a 0% aggregate impact to the index rate.
8. This adjustment accounts for additional benefits required as EHBs that are not in the underlying experience.
9. This adjustment accounts for plan design differences between the plans in the underlying experience and the expected membership distribution across individual plans.
10. This adjustment accounts for the different expected individual membership distribution by geographic area compared to the distribution by area in the underlying experience.

Objection 2

Comments: The Colorado Actuarial Memorandum you submitted indicates a 5% morbidity load, but your URRT states a morbidity factor of 1.000. Please clarify which factor is correct and make changes to the appropriate documents.

The factor of 5% included in the Actuarial Memorandum is the appropriate morbidity load that was used to account for the difference in morbidity risk of the population underlying the Manual Rate and the anticipated population of the Individual Market in 2014. The reason that the URRT shows a morbidity factor of 1.0 is because there is no experience included in the URRT. This will be the first year that individual health insurance coverage will be offered by CHLIC in Colorado so there is no experience to report in Section 1, Worksheet 1 of the URRT. There are minimal values shown in these sections of the URRT in order for the worksheet to validate, but these are not representative of CHLIC individual experience.



July 11, 2013

Cathy Gilliland
Colorado Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

Routing C5PRC
900 Cottage Grove Road
Hartford, CT 06152
Telephone 860-226-9627
Rossitza.Gotcheva@CIGNA.com

RE: Cigna Health & Life Insurance Company (CHLIC)
Rate Filing for Individual Health Plans
Effective: 1/1/2014

Dear Ms. Gilliland,

This is in response to your letters, dated July 3, 2013, relating to the rate filing referenced above. See below for a response to the additional information requested in your letter:

Objection 1 – CO Actuarial Memorandum (Supporting Document)
Comments: Regulation 4-2-11 section 6(N) Experience – Please provide the large group business support for the experience used on the rate setting.

The source data used to generate the Manual Rate PMPM is trended national group experience adjusted for state and market specific differences. The experience for the national group book of business is deemed appropriate to be used for development of the Manual Rate because the baseline experience was not subject to individual medical underwriting and the benefits for the group experience are more similar to the benefits required to be ACA compliant than any other experience available.

In response to Objection 1, the following table summarizes the annual earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives, and number of policyholders of Cigna's national group fully insured OAP business during 2010 – 2012.

Year	Earned Premiums	Incurred Claims	Estimated IBNR Claims as of May 2013	Total Estimated Incurred Claims	Loss Ratio	Number of Claims	Average Covered Lives	Number of Subscribers
2010	\$2,263,752,729	\$1,950,710,907	\$0	\$1,950,710,907	86.2%	7,838,734	498,939	251,551
2011	\$2,625,877,716	\$2,229,979,971	\$0	\$2,229,979,971	84.9%	7,898,613	543,465	270,383
2012	\$2,812,180,297	\$2,424,891,601	\$15,489,676	\$2,440,381,277	86.8%	7,619,113	557,034	268,755

If we can be of further assistance in the evaluation of this rate filing, please contact Yulong Zhang at 215.761.3048 or at Yulong.Zhang@cigna.com

Sincerely,

A handwritten signature in black ink, appearing to read "Rossitza Gotcheva", with a long horizontal flourish extending to the right.

Rossitza Gotcheva, FSA, MAAA
Actuarial Manager

State: Colorado

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: LocalPlus

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/03/2013		Supporting Document	Unified Rate Review Template	06/05/2013	CO URR Template.zip (Superseded) CO.UnifiedRateReviewSubmissionv1.6.pdf
05/17/2013		Supporting Document	CO Actuarial Memorandum	06/03/2013	CO.ActuarialMemorandum.051413.pdf CO.zip
05/15/2013		Supporting Document	Confidentiality Index	05/17/2013	Confidentiality Index.pdf (Superseded)
05/15/2013		Supporting Document	Rate Sample- Confidential	05/17/2013	CO Rate Sample.zip (Superseded) CO.RateSample.05142013.pdf (Superseded)
05/15/2013		Supporting Document	CO Actuarial Memorandum- Confidential	05/17/2013	CO Memorandum.zip (Superseded) CO.ActuarialMemorandum.051413.pdf (Superseded)
05/15/2013		Rate	Rate Manual	05/17/2013	CO.zip (Superseded)
05/14/2013		Supporting Document	Actuarial Memorandum and Certifications	05/17/2013	CO.Part3ActuarialMemorandum.05.10.2013.49375.pdf (Superseded)
05/14/2013		Supporting Document	Unified Rate Review Template	06/03/2013	CO URR Template.zip

SERFF Tracking #:	CCGH-129028408	State Tracking #:	278074	Company Tracking #:	
<hr/>					
State:	Colorado	Filing Company:	Cigna Health and Life Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
Product Name:	LocalPlus				
Project Name/Number:	/				

Attachment CO URR Template.zip is not a PDF document and cannot be reproduced here.

Attachment CO Rate Sample.zip is not a PDF document and cannot be reproduced here.

Attachment CO Memorandum.zip is not a PDF document and cannot be reproduced here.

Attachment CO.zip is not a PDF document and cannot be reproduced here.

APPENDIX A

CONFIDENTIALITY INDEX

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Jennifer Linstone
 Company: Cigna Health & Life Insurance Company (CHLIC)
 Address: 900 Cottage Grove Rd
Hartford, CT 06152
 Email Address: jennifer.linstone@cigna.com
 Telephone: 860.226.8054
 Facsimile: 860.226.5400

2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.

ID No.	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01	Actuarial memorandum	5/15/2013	CHLIC	Colorado Division of Insurance	Section 24-72 - 204(3)(a) CRS	Client Trade Secrets 3
02	Rate Sample	5/15/2013	CHLIC	Colorado Division of Insurance	Section 24-72 - 204(3)(a) CRS	Client Trade Secrets 3 Commercial Confidential 3 Financial Data
03	Part 3 Actuarial memo	5/15/2013	CHLIC	Colorado Division of Insurance	Section 24-72 - 204(3)(a) CRS	Client Trade Secrets 3 Commercial Confidential 3 Financial Data
04				Colorado Division of Insurance		
05				Colorado Division of Insurance		

Confidential Handling Required ID # 02

Rate Sample - 40 year old, non-tobacco user rate

Company Legal Name: **Cigna Health and Life Insurance Company**

HIOS Issuer ID: **49375**

Effective Date: **01/01/2014**

Plan ID	Plan Name	Metal Tier	Rating Area	Network	Premium
49375CO0020005	myCigna Health Flex 1500	Silver	3	Local Plus	318.17
49375CO0020008	myCigna Copay Assure Silver	Silver	3	Local Plus	356.88
49375CO0020009	myCigna Health Savings 1900	Gold	3	Local Plus	367.32
49375CO0020010	myCigna Health Flex 1250	Gold	3	Local Plus	387.07

A. SUMMARY

1. Reasons: Cigna Health & Life Insurance Company (CHLIC) is filing rates for comprehensive major medical products for individuals & families to be effective January 1, 2014. These plans are attached to a new product that has been submitted under policy form filing COCHIND0413. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan. Until recently, Cigna conducted its group and individual health insurance business through Connecticut General Life Insurance Company (CGLIC). Several years ago (pre-PPACA), Cigna made the business decision to cease writing insurance coverage through CGLIC and to migrate all existing and new business to CHLIC, which is a subsidiary of CGLIC. The timing of the migration of all health insurance business to CHLIC, by coincidence, results in CHLIC being used exclusively for new business in 2014. Accordingly, CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan.

2. Requested Rate Action: This will be the first year that individual health insurance coverage will be offered by CHLIC in Colorado. Since this is a filing for a new product, there is no rate increase associated with this filing. Consequently, the rates for the proposed plans in this filing should not be considered a rate increase or decrease because there is no current membership for CHLIC.

3. Marketing Methods: The plans represented in this filing are Comprehensive Major Medical plans sold to individuals and families and are to be marketed through brokers, general agents and directly to consumers as described in the policy form.

4. Premium Classifications: CHLIC is only adjusting premium rates by plan for the following factors: Age, as prescribed by the Federal Age Slope, Area, Tobacco usage, by no more than a 1.15:1 ratio, and family composition, a maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy.

5. Product Descriptions: The products proposed in this filing are myCigna Health Savings, myCigna Health Flex and myCigna Copay Assure. A description of the benefits for all plans proposed in this filing is shown in the accompanying PlansBenefits Template. There are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014 and there have been no substitutions of benefits for EHBs. Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.

6. Policy/Rider Form: COCHIND0413

7. Age Basis: The policy premium will reflect the age of the members at issue and then at each renewal.

8. Renewability Provision: Guaranteed Renewable

B. ASSUMPTION, MERGER OR ACQUISITION

1. Is product part of assumption, acquisition or merger (from or within another company)? No

2. If yes, provide names of company(s): n/a

3. Closing date of acquisition: n/a

C. RATING PERIOD (provided in the attached excel file, Actuarial Memorandum)

Proposed Effective Date: January 1, 2014

Rating period: January 1, 2014 to December 31, 2014

D. EFFECT OF LAW CHANGES

Identify and quantify changes resulting from mandated benefits and other law changes:

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Therefore, the law changes will not result in a rate increase or decrease because there are not filed current rates.

These rates are in compliance with all state and federal laws going into effect for 2014. The benefits and rates have been developed in compliance with PPACA. Most EHBs are already represented in the base experience underlying the proposed manual rate in this filing. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the manual rate, resulting in a 0.9% load. The benefits that required additional adjustments outside of the base experience were physical, speech and occupational therapy, autism spectrum disorder and allergy testing.

As described in Section I, plan level rates were generated using the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2). The Risk Adjustment and Reinsurance programs were also taken into consideration. Only the allowed rating adjustments are made to develop the proposed premium rates by plan: 3:1 federal age slope, rating area factors, tobacco use factor of 1.15 and a maximum of 3 dependents under age 21 to be included in the family rate.

As described in Section G the proposed rates include additional fees related to PPACA. These include the Exchange User Fee applied as 1.12% of premium, PCORI Fee applied as \$2.00 PMPY, Health Insurer's Fee applied as 2.20% of premium, Risk Adjustment User Fee applied as \$1.00 PMPY. The Exchange User Fees are applied as an adjustment to the index rate at the market level.

Additional Information:

In addition, the rate development is in compliance with all current Colorado and federal laws.

E. RATE HISTORY (provided in attached excel file, Actuarial Memorandum)

N/A (Initial Filing)

Additional Information: CHLIC is filing initial rates for a new product and has no current products in the individual market therefore there is no rate history.

F. COORDINATION OF BENEFITS

Provides actual loss information net of any savings: Yes

G. RELATION OF BENEFITS TO PREMIUM (provided in attached excel file, Actuarial Memorandum)

Retention Component	% of Premium
Commission	4.00%
General Expenses (includes other acquisition expenses)	9.56%
Premium Tax	1.00%
Profit/Contingencies	2.50%
PPACA Fees	3.76%
Exchange Fees	1.12%
Total Retention	21.9%

Additional Information:

The table above illustrates anticipated breakdown of the retention components. It should be noted that the general expenses reflect that CHLIC is pricing to scalable membership. Hence, these expenses as a percent of premium reflect the PMPM

amount that will be incurred if CHLIC attains scale, which is not anticipated for the rating period. Actual expenses on both a PMPM and percentage of premium basis will vary based on the actual size and distribution of membership by age and plan.

Administrative Expense Load

CHLIC's non-medical expenses are split out as follows:

- Acquisition admin expense – this includes, but is not limited to, incentive compensation & salaries for brokers and agents, commissions†, marketing costs (working media & non-working media), and vendor fees.
- Recurring admin expense – this includes, but is not limited to, costs relating to customer analytics, service operations, account management, and corporate overhead.

The administrative expense (commissions and general) load is based on internal estimates from CHLIC's Financial Analysis team and is deemed appropriate for the plans proposed in this filing. To determine this load, membership for CHLIC's benefit plans is projected. This membership is then applied to known budgeted amounts for administrative expenses to determine a PMPM amount across all plans. The percentage load for administrative expenses varies by plan as the PMPM value represents a higher proportion in plans with lower premiums. Based on the projected enrollment, this load is expected to be 13.56% as shown above. In the event that actual membership size and distribution differs from expectations, this figure may vary.

† Commissions vary based on distribution channel. Since premium rates for plans must be the same across all channels, CHLIC has socialized its commissions based on expected membership distribution by acquisition type. CHLIC expects its exchange customers to be referred through a blend of all distribution channels (i.e. broker, direct to consumer, etc.) and purely via the Exchange without any external referral. Hence, the commissions for the Exchange channel are calculated as a weighted average of these acquisition types.

Taxes & Fees

- Premium Tax for the State of Colorado is applied as 1.00% of premium
- Exchange User Fee is applied as 1.12% of premium‡
- PCORI Fee is applied as \$2.00 PMPY
- Health Insurer's Fee is applied as 2.20% of premium
- Risk Adjustment User Fee is applied as \$1.00 PMPY

‡ Exchange User Fees are applied as an adjustment to the index rate at the market level. Hence, the 1.40% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in the 1.12% expected fee.

Benefits Ratio:

As shown in the Actuarial Memorandum excel file, section G, the target loss ratio is equal to 1 minus the total retention at 78%. This loss ratio is before any ACA adjustments. The projected 2014 PPACA MLR, without adjustment for credibility, for CHLIC individual products is above the required minimum of 80%, at 81.70%. A demonstration of the projected MLR is provided below:

PPACA 2014 MLR		
1	Member Months	\$ 178,193
2	Incurred Claims	\$ 53,229,406
3	Claims Adjustment*	\$ (6,175,976)
4	Numerator (2 + 3)	\$ 47,053,430
5	Earned Premium	\$ 59,712,474
6	Premium Adjustment**	\$ (2,117,736)
7	Denominator (5 + 6)	\$ 57,594,739
8	Credibility Factor	2.28%
9	Avg Deductible Factor	126.84%
10	Credibility Adjustment (8 x 9)	2.89%
11	PPACA MLR w/o Credibility (4 ÷ 7)	81.70%
12	PPACA MLR w/ Credibility (10 + 11)	84.59%

* Quality Improvement Activities, Traditional Reinsurance Receipts, Net Risk Adjustment & Risk Corridor Receipts
 ** Premium/Payroll/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- **Member Months** – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell X47 in Worksheet 1 of the Part 1 URR Template.
- **Incurred Claims** – projections for incurred claims are developed by applying the anticipated loss ratio before reinsurance recoveries to the projected earned premium.
- **Claims Adjustment** – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- **Earned Premium** – projections for earned premium are developed by applying the projected average rate PMPM from Cell F80 in Worksheet 2 of the Part 1 URR Template to the expected member months projections specified earlier.
- **Premium Adjustment** – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- **Credibility Adjustment** – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

H. PROVISION FOR PROFIT AND CONTINGENCIES

1. Provision for Profit and Contingencies: 2.5%, Pre-FIT

CHLIC has targeted a 2.5% profit margin that is built into its premium rates. This target is based on CHLIC attaining scalable membership, which is not expected for the rating period. In the event that actual membership size and distribution differs from expectations, the actual profit margin may vary. There is no additional risk margin load.

2. Proposed load in excess of 7% after tax: 0%

I. DETERMINATION OF PROPOSED RATES

1. Explain, in detail, how rates and/or rate changes were developed:

The source data used to generate the Manual Rate PMPM is trended national group experience adjusted for state and market specific differences. The experience for the national group book of business is deemed appropriate to be used for development of the Manual Rate because the baseline experience was not subject to individual medical underwriting and the benefits for the group experience are more similar to the benefits required to be ACA compliant than any other experience available. We address the adjustments to the baseline data below.

2. Provide adequate support for all assumptions and methodologies used:

The following adjustments were made during development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- **Morbidity Load** – A 5% load was added to the Manual Rate to account for the difference in morbidity risk of the population underlying the Manual Rate and the anticipated population of the Individual Market in 2014. The morbidity load is in consideration of the following components:
 - The influx of members from high-risk pools and conversion policies into the Individual Market. These types of plans are already guarantee issue, but morbidity factors are currently permitted for these specific plans compared with the rest of the individual market. Since all plans will be based on a single risk pool in 2014, the overall index rate has been developed with the anticipation that current policyholders in the aforementioned pools, are expected to enter or remain in the individual market and enroll on the new ACA compliant plans.
 - The influx of new entrants who were previously uninsured. According to the SOA sponsored study “Cost of the Future Newly Insured under the ACA”, individuals who are currently uninsured have different average morbidity risk than the current individual market. As these uninsured enter the individual market in 2014, morbidity risk is expected to change.
 - Plan selection – Since all individuals will be part of a single risk pool in 2014 with no medical underwriting, it is expected that individuals with higher morbidity will select plans that will best meet their needs (i.e. plans

- with lower member cost share). To account for the impact of this selection, the overall index rate has been adjusted to reflect the increased utilization that stems from the selection of plans with lower cost share for individuals with higher morbidity risk. This adjustment is applied to the index rate only and no plan-specific adjustments are being made to account for anticipated differences in health status of enrollees across plans.
- Pent-up demand – newly insured individuals in 2014 are anticipated to have a higher consumption rate of services as they hold off on medical services prior to being insured. While this increase in utilization is anticipated to be minimal overall, it is still expected to increase the average utilization rate for the individual market in 2014.
 - The underlying experience data is based on a population of both non-smokers and smokers, so the experience has been adjusted to be reflective of a non-smoking population.
 - CSR plan induced utilization – individuals who qualify for CSR variations of silver plans may have different utilization patterns than individuals on standard silver plans because a higher consumption rate of services is anticipated when benefits have lower member cost-share. The impact of this occurrence, although minimal, has been included in the morbidity load and is expected to increase average utilization for the individual market in 2014.
 - Demographic Adjustment – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, a minimal adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2014 individual market as opposed to the distribution by age reflected in the data underlying the Manual Rate.
 - Tobacco users will see a 15% load on top of the non-tobacco user rate. The manual rate has been adjusted 1% to reflect that, if permitted, we would have proposed a load of 25% for tobacco users.
 - Impact of EHB – Most EHBs are already represented in the base experience underlying the derivation of the Manual Rate. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the Manual Rate, resulting in a 0.9% load.
 - Network Savings – CHLIC's underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated savings of the new provider network vary by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 3.5% decrement.

Projected Risk Adjustments (PMPM)

CHLIC is not expecting Risk Adjustment to have an impact on its index rate. While it is likely to see risk transfer payments across plans due to differences in enrolled distributions by metal level and age, CHLIC anticipates the net impact of these transfers to be negligible across the entire portfolio. The index rate has been developed to represent our expectation of the industry average medical costs as well as distribution of enrollment by age & metal tier for the Individual Market for 2014. Since we expect that CHLIC will get the same proportion by age and plan of the market as all other companies and we have factored this into the development of the index rate, there is no expected transfer payment.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

To estimate reinsurance contributions, an annual contribution of \$63 per covered life is assumed. Reinsurance payments have been estimated using a representative sample of nationwide group claims data. This data consisted of member-level claims data from October 2011 through November 2012 trended to a 2014 basis. In our analysis, it is not anticipated that the increased morbidity risk will cause a higher distribution of claims to fall within or outside the parameters set for the reinsurance program. We believe that this claims data is representative of the annual distribution of claims per member we expect in 2014. Based on our claims data and the federal reinsurance parameters, we estimate that reinsurance will cover 12.5% of paid claims. This 12.5% decrement to medical costs is applied evenly across all plans as a constant multiplicative factor.

The net effect on plan costs (contributions minus payments) is expected to be \$32.84 PMPM. Since reinsurance payments are calculated as a percentage of medical costs, but the contribution is a fixed PMPY, the expected impact PMPM is based on CHLIC's assumed distribution of membership across plans and ages.

Index Rate Development:

The Index Rate for the Projection Period identified in Worksheet 1, Section 3, of the Part 1 URR Template was generated using the same methodology as used in determining the Single Risk Pool Gross Premium Average Rate (PMPM) in Cell V43 of

Worksheet 1 in the Part 1 URR Template. Hence, the Projected Index Rate is a representation of the expected Allowable Claims PMPM for 2014 and it incorporates the impact of trend, benefit, and demographic differences. Furthermore, there are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing and we do not plan to offer them in 2014.

As mentioned earlier, CHLIC is not expecting risk adjustment to have an impact on its index rate as we anticipate the net impact of transfer payments across plans to be negligible across the entire portfolio. The index rate has also been adjusted for net recoveries resulting from the reinsurance program. This equates to an impact of \$32.84 PMPM on the index rate.

It should be noted that only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the projected index rate to arrive at each plan-level rate:

- The AV of the plan
- The cost-sharing design of the plan
- The plan's provider network, delivery system characteristics, and utilization management practices
- Administrative costs, excluding Exchange user fees

The AV Metal Values shown in Worksheet 2 of the Part 1 URR Template were based entirely on the AV Calculator, with the exception of the following benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Cost-Sharing for Pharmacy Retail vs. Home-Delivery Service
- Copays for Outpatient Services (for copay-based benefit plan designs)
- Limited Specialist Copays (for benefit plans with limited specialist office visits)

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). This alternate methodology and the reason for its use is explained in the accompanying actuarial certification titled "Unique Plan Design Supporting Documentation & Justification".

The expected cost-sharing ratio for each benefit plan is calculated by using group experience over the experience period (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then utilized to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. The Paid-to-Allowed Ratio is derived by applying expected distribution of business by benefit plan to the cost-share estimates. The expected distribution of business by benefit plan originates from CHLIC's internal estimates.

The paid-to-allowed ratio for each plan in this filing is consistent with the Actuarial Value of the plans. However, fluctuations do exist as a result of differences in the experience underlying CHLIC's manual rate and the experience underlying the continuance tables in the AV calculator. These dissimilarities result from the following differences:

- The CPD used to calculate member vs. insurer cost-share is different from the underlying claims distribution in the continuance tables of the AV Calculator. The continuance tables are based on the default standard population developed by HHS using 2010 claims and enrollment from a national commercial database. The CPD, on the other hand, is based on claims and enrollment data from Cigna's national group book of business. This experience based CPD has a larger volume of its distribution at the tail, which represents higher average costs.
- The underlying cost assumptions for copays are different in the AV Calculator as compared to Cigna's experience. Since most of the proposed plans represented in this filing have copay based cost-sharing for Primary Care Physician and Specialist office visits and some plans have copays on additional services, this causes a difference between the Paid-to-Allowed ratio and the Metal AV for most plans.
- The AV Tool only accounts for in-network benefits, whereas the paid-to-allowed ratio incorporates the impact of out-of-network benefits as well.
- Cost-sharing for certain benefits, such as separate copays for urgent care, is not captured in the AV Tool, whereas CHLIC takes these benefits into account when deriving the paid-to-allowed ratio.

Pricing AV represents the cost to CHLIC of providing coverage under each plan (incurred claims & administrative costs) as a percentage of the cost of providing coverage for a fixed reference plan. The fixed reference plan, in this case, is selected as 49375CO0020010

A demonstration of how the Pricing AV's are derived from the Metal AV's is shown below:

Derivation of Pricing AV from Metal AV											
	Plan ID										
	49375CO002001	49375CO002002	49375CO002003	49375CO002004	49375CO002005	49375CO002006	49375CO002007	49375CO002008	49375CO002009	49375CO002010	49375CO002011
Metal AV	58.2%	60.3%	62.0%	68.4%	69.1%	68.6%	69.4%	71.7%	78.6%	80.6%	79.3%
Benefits Additional to EHBs	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Impact of Provider Network	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Admin Costs (excluding Exchange User Fee)	1.02	1.02	1.01	1.00	1.00	1.00	1.00	0.98	0.98	0.97	0.98
Impact of Cost-Sharing Design	0.97	0.98	1.02	1.01	0.99	1.02	1.01	1.08	1.02	1.06	1.06
Adjusted AV	57.9%	60.2%	63.6%	68.6%	68.2%	69.6%	70.1%	76.5%	78.8%	83.0%	81.8%
Pricing AV	69.8%	72.5%	76.6%	82.7%	82.2%	83.9%	84.4%	92.2%	94.9%	100.0%	98.5%

- It should be noted that although “Impact of Provider Network” is shown as having no impact in the calculation above, the preceding table illustrates an average across the entire state. Hence, premium rates may vary between rating areas within the state as a result of differences in medical costs and provider contracts, which is not reflected above. Nevertheless, there is no impact due to provider network by benefit plan as there is no variation in provider network or delivery systems across plans, only by area.
- “Admin costs” are calculated on a PMPM and percentage of premium basis and, thus, may vary as a percentage of premiums across plans. Consequently, that impact is captured in the table above.
- The “Impact of Cost Sharing Design” corresponds to differences in utilization patterns for service categories between the AV Calculator and the data underlying the derivation of the Manual Rate. This difference was estimated by running the proposed plan designs through the AV Calculator (using its standard continuance tables) and then through CHLIC’s pricing model with the CPD that serves as the underlying dataset for derivation of the Manual Rate. The difference between the two approaches was then subsequently quantified.

CHLIC is not incorporating any impact of different morbidity or health status of individuals who select certain plans in the derivation of the Pricing AV from the Metal AV.

The Adjusted AV represents the impact of applying the allowable modifiers to the Metal AV, which is shown in the table above. The Pricing AV demonstrates the relationship of the Adjusted AV between each respective plan and the reference plan, 49375CO0020010.

J. TREND (provided in attached excel file, Actuarial Memorandum)

The expected all-in annual medical cost trend is 11.4%. This trend is calculated from the in-network trends by service category and then by adding out-of-network trend and insurance trend as shown in the tables provided below.

Medical In-Network Trend	Unit Cost	Utilization	Total
Inpatient	5.1%	2.1%	7.3%
Outpatient	5.4%	7.3%	13.1%
Professional	1.3%	4.0%	5.3%
OMS	6.7%	4.5%	11.5%
Medical Trend (IN)	4.3%	4.6%	9.1%

Adding OON Trend, Pharmacy Trend and Deductible Leveraging to calculate the final Blended Medical Trend

Trend & Penetration	Total
Medical Trend (IN)	9.1%
OON Trend	10.0%
Rx Trend	9.2%
OON Penetration	10.0%
Rx Penetration	5.7%
Deductible Leveraging	2.0%
Blended Medical Trend	11.4%

Our trend methodology is prospective and develops unit cost trends for specific geographic groupings of zip codes in Colorado based on known and planned reimbursement contracts. In order to set the prospective unit cost trend, historical experience is used to aggregate the facility level reimbursement contracts into the higher-level geographic groupings. In order to determine prospective utilization trends, we look at utilization trends retrospectively by major service category on a national basis. These retrospective utilization patterns are examined and coupled with other macroeconomic forces that are expected to change in the future at the market level in order to develop the prospective utilization trend. An additional amount of trend is added to account for the impact of deductible and copay leveraging. This amount is developed using the expected change in our cost share amount relative to the prior year separately by plan and aggregated based on expected membership weight by plan.

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no experience available to provide for the historical or normalized trends. In order to provide this information to the department in order to demonstrate our historical trends, we have provided experience for CGLIC Individual products consistent with data provided in Section L, Data Requirements. Although this methodology is not used to develop our prospective pricing trend, we have provided it in order to validate the projected trends with the most relevant experience available. This data can be found in the attached excel actuarial memorandum, tabs 'Historical Trend' and 'Normalized Trend'. The normalized trend has been normalized since the paid claims will incorporate changes that are due to the mix of the book changing overtime. We have calculated the normalized claims by applying normalization factors to remove observed decreases or increases caused by changes in age mix, area mix, plan mix, mandated benefits and underwriting wear-off. These factors have been calculated such that all paid PMPMs are on a December 2012 basis.

K. CREDIBILITY (provided in attached excel file, Actuarial Memorandum)

1. Credibility Percentage: 0%

The above credibility percentage is based upon: Life Years and Claims

2. Number of years of data used to calculate above credibility percentage: n/a

3. Discuss how and if aggregated data meets the CO credibility requirement: n/a

Additional Information:

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no current experience. As discussed in Section I the data source for the rates is national group experience adjusted for state and market specific differences.

L. DATA REQUIREMENTS (provided in attached excel file, Actuarial Memorandum)

Year	Earned Premiums	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	\$11,691,793	\$8,048,417	\$8,048,417	\$0	68.8%	7,295	64,597	\$27,636,378
2011	\$27,641,500	\$21,144,790	\$21,144,790	\$0	76.5%	14,008	133,375	\$53,067,907
2012	\$51,029,530	\$40,713,889	\$42,335,296	\$1,621,407	83.0%	22,132	224,109	\$83,844,237

Above data is for: Other: Existing Major Medical Individual product for CGLIC (comparable product)

Experience Period: 01/01/2010 – 12/31/2012

Additional Information:

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no current experience for CHLIC available and there is no nationwide experience available for this product. Therefore, the experience provided in Section L is for the parent company, CGLIC for its current Individual Products. This experience data is consistent with the data provided for the Trend Exhibits in the attached actuarial memorandum in excel and discussed in Section J. This data can be seen separately for medical and pharmacy in Section J where the paid claims and

IBNR are shown by month from 2009 through 2012. We do not split the pharmacy premium separately from the medical premium since it is a bundled product so it is not possible to show the benefits ratio separately for medical and pharmacy. The number of claims shown above is representative of a count of services. The on-rate-level premium is showing the total premium that would have been earned historically using the average proposed premium pmpm in this filing for 2014 ACA compliant plans for the number of average covered lives per year.

M. SIDE-BY-SIDE COMPARISON (provided in attached excel file, Rate Manual)

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there are no current rates, rating factors or variables to compare the proposed factors to. The build-up of the proposed rates can be seen in Section I. All rating factors can be seen in the attached Rate Manual that is described in Section P. As discussed in Section A, CHLIC is only adjusting premium rates by plan for the following factors: Age, as prescribed by the Federal Age Slope, Area, Tobacco usage, by no more than a 1.15:1 ratio, and family composition, a maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy. The build-up of the premium relativities by plan have been provided in Section I and are also shown in Rate Manual.

N. BENEFITS RATIO PROJECTIONS (provided in attached excel file, Actuarial Memorandum)

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. CHLIC's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 78%.

Rating Period			
Year	Earned Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	n/a	n/a	n/a
Projected Experience With Rate Change	59,712,474	46,575,730	78%

As this is a filing for a new product, the projected experience shown above without a rate change is not applicable. The projection with rate change has been calculated by determining the projected weighted average premium rate pmpm based on anticipated enrollment by age and plan in 2014 and was developed using a 78% target loss ratio. The premium rate pmpm and target claims pmpm was multiplied by projected member months in 2014 in order to calculate the annualized projected earned premiums and incurred claims shown above.

- Member Months – The membership projections for CHLIC's benefit plans are developed internally as best estimates generated by applying CGLIC's current market share percentages to the addressable market opportunity developed by an SOA sponsored study, "Cost of the Future Newly Uninsured under the Affordable Care Act (ACA)". There have been additional adjustments made to take into account specific market strategies including the anticipated impacts of the new networks developed by CHLIC.
- Earned Premium – projections for earned premium are developed by applying the projected average rate PMPM to the expected member months projections specified above.
- Incurred Claims – projections for incurred claims are developed by applying the anticipated loss ratio after reinsurance recoveries to the projected earned premium.
- Benefits Ratio is calculated as projected incurred claims divided by projected earned premiums

Above projections include: Colorado

Additional Information:

The projected 2014 PPACA MLR, without adjustment for credibility, for CHLIC individual products is above the minimum loss ratio of 80%, at 81.70%. A demonstration of the projected MLR, with the ACA adjustments, is provided in Section G.

O. OTHER FACTORS (provided in attached excel file, Rate Manual)

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. All rating factors used to determine the proposed rates for these new products have been included in the Rate Manual described in Section P. Support for these factors has been provided in Section I, Rate Development.

P. RATE MANUALS (provided in attached excel file, Rate Manual)

The Rate Manual has been attached and contains all rating factors to calculate all rates provided in the attached Rate Template. The Rate Manual contains the following tabs:

- I. Exhibit I – Rate Manual – Factors: contains the Reference Plan, 49375CO0020010 myCigna Health Flex 1250, as a 21 year old non-tobacco user rate, Premium Relativities for the proposed plans in this filing, rating area factors, a tobacco use factor of 1.15 and the 3:1 age slope as prescribed by HHS.
- II. Exhibit II – Rate Manual – Rates: contains the rating algorithm to calculate all premium rates using the factors on tab I as well as replicates all rates that can be found in the RatesTemplate.

In addition to the factors in the rate manual, for a family a maximum of 3 dependents under of the age of 21 will be used to determine the rate for a family policy as shown in the business rules template. For other rating rules used in deriving the premium rate please refer to the Business Rules Template.

1. GENERAL INFORMATION

Insurance Company Name	Cigna Health & Life Insurance Company
NAIC Company Code	67369
HIOS Issuer ID	49375
State	Colorado
Market Type	Individual
Proposed Effective Date	01/01/2014
Primary Contact Person and Title	Lauren Danziger, FSA, MAAA, Actuarial Manager
Primary Contact Telephone Number	(860) 226-6586
Primary Contact Email	Lauren.Danziger@Cigna.com

Scope and Purpose of Filing: Cigna Health & Life Insurance Company (CHLIC) is filing rates for comprehensive major medical products for individuals & families to be effective January 1, 2014. The plans represented in this filing will be Guaranteed Issue & Guaranteed Renewable and are to be marketed through brokers, general agents, and directly to consumers as described in the policy form. These plans are attached to a new product that has been submitted under policy form filing COCHIND0413. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan. Until recently, Cigna conducted its group and individual health insurance business through Connecticut General Life Insurance Company (CGLIC). Several years ago (pre-PPACA), Cigna made the business decision to cease writing insurance coverage through CGLIC and to migrate all existing and new business to CHLIC, which is a subsidiary of CGLIC. The timing of the migration of all health insurance business to CHLIC, by coincidence, results in CHLIC being used exclusively for new business in 2014. Accordingly, CHLIC is the Cigna Company that is applying for certification as a Qualified Health Plan.

2. PROPOSED RATE INCREASE

This will be the first year that individual health insurance coverage will be offered by CHLIC in this state. Since this is a filing for a new product, there is no rate increase associated with this filing. Consequently, the rates for the proposed plans in this filing should not be considered a rate increase or decrease because there is no current membership for CHLIC.

3. EXPERIENCE PERIOD PREMIUM & CLAIMS

As mentioned above, since this will be the first year that individual coverage will be offered by this company in this state, there is no experience to report in Section 1, Worksheet 1, of the Part 1 URR Template. Please note that minimal values have been entered in this section of the template to allow for the URR Template to successfully validate. These figures do not represent CHLIC's experience, but they will show in the URR template and will cause cells V45 and V46 and row 27 on Worksheet 2 of the template to indicate a rate increase over the experience period, but these values have only populated due to the minimal values referenced above. Similarly, Sections 2 and 3 of Worksheet 2 have been populated with minimal values and row 46 is reflecting an average 2014 rate instead of an average 'current' rate in order for the formulas to work properly in the template.

- a. Paid Through Date: N/A
- b. Premiums (Net of MLR): N/A
- c. Allowed & Incurred Claims: N/A

4. BENEFIT CATEGORIES

To determine benefit categories, CHLIC uses a combination of Procedure Code and Place of Service to categorize each claim under an appropriate Major Service Category. These categories are defined as follows:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, & other professional services, except hospital based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.
- Prescription Drug: Includes drugs dispensed by a pharmacy, net of rebates received from drug manufacturers.

As mentioned earlier, since CHLIC currently does not have any business in the Individual Market in Colorado, there is no experience data available for the company. Hence, no experience is shown for Worksheet 1, Section 2, of the Part 1 URR Template. Please note that minimal values have been entered in this section of the template to allow for the URR Template to successfully validate. These figures do not represent CHLIC's experience.

5. PROJECTION FACTORS

Since CHLIC currently does not have any business in the Individual Market in Colorado, there are no experience data or projection factors shown for the experience period in Worksheet 1, Section 2, of the Part 1 URR Template. Please note that minimal values have been entered in this section of the template to allow for the URR Template to successfully validate. These figures do not represent CHLIC's experience data or projection factors.

6. CREDIBILITY MANUAL RATE DEVELOPMENT

a. Source & Appropriateness of Experience Data used in Developing the Manual Rate

The source data used to generate the Manual Rate is trended national group experience adjusted for state and market specific differences. The experience for the national group book of business is deemed appropriate to be used for development of the Manual Rate because the baseline experience was not subject to individual medical underwriting and the benefits for the group experience are more similar to the benefits required to be ACA compliant than any other experience available. We address the adjustments to the baseline data below.

b. Adjustments made to the Data

The following adjustments were made during development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- Morbidity Load – A 5% load was added to the Manual Rate to account for the difference in morbidity risk of the population underlying the Manual Rate and the anticipated population of the Individual Market in 2014. The morbidity load is in consideration of the following components:
 - The influx of members from high-risk pools and conversion policies into the Individual Market. These types of plans are already guarantee issue, but morbidity factors are currently permitted for these specific plans compared with the rest of the individual market. Since all plans will be based on a single risk pool in 2014, the overall index rate has been developed with the anticipation that current policyholders in the afore-mentioned pools, are expected to enter or remain in the individual market and enroll on the new ACA compliant plans.
 - The influx of new entrants who were previously uninsured. According to the SOA sponsored study “Cost of the Future Newly Insured under the ACA”, individuals who are currently uninsured have different average morbidity risk than the current individual market. As these uninsured enter the individual market in 2014, morbidity risk is expected to change.
 - Plan selection – Since all individuals will be part of a single risk pool in 2014 with no medical underwriting, it is expected that individuals with higher morbidity will select plans that will best meet their needs (i.e. plans with lower member cost share). To account for the impact of this selection, the overall index rate has been adjusted to reflect the increased utilization that stems from the selection of plans with lower cost share for individuals with higher

morbidity risk. This adjustment is applied to the index rate only and no plan-specific adjustments are being made to account for anticipated differences in health status of enrollees across plans.

- Pent-up demand – newly insured individuals in 2014 are anticipated to have a higher consumption rate of services as they hold off on medical services prior to being insured. While this increase in utilization is anticipated to be minimal overall, it is still expected to increase the average utilization rate for the individual market in 2014.
- The underlying experience data is based on a population of both non-smokers and smokers, so the experience has been adjusted to be reflective of a non-smoking population.
- CSR plan induced utilization – individuals who qualify for CSR variations of silver plans may have different utilization patterns than individuals on standard silver plans because a higher consumption rate of services is anticipated when benefits have lower member cost-share. The impact of this occurrence, although minimal, has been included in the morbidity load and is expected to increase average utilization for the individual market in 2014.
- Demographic Adjustment – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, a minimal adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2014 individual market as opposed to the distribution by age reflected in the data underlying the Manual Rate.
- Tobacco users will see a 15% load on top of the non-tobacco user rate. The manual rate has been adjusted 1% to reflect that, if permitted, we would have proposed a load of 25% for tobacco users.
- Impact of EHB – Most EHBs are already represented in the base experience underlying the derivation of the Manual Rate. However, certain EHBs are not represented in the base experience and the impact of covering these benefits is subsequently added to the Manual Rate, resulting in a 0.9% load.
- Network Savings – CHLIC's underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated savings of the new provider network vary by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 3.5% decrement.

c. Inclusion of Capitation Payments

There are no services provided under a capitation arrangement for plans included in this filing.

7. CREDIBILITY OF EXPERIENCE

Since there is no experience data in Worksheet 1 of the Part 1 URR Template, 100% credibility is assigned to the Manual Rate. We believe that the Manual Rate is appropriate for developing rates for the plans in this filing, as explained in sections 6(a) and 6(b).

8. PAID TO ALLOWED RATIO

The expected cost-sharing ratio for each benefit plan is calculated by using group experience over the experience period (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then utilized to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. The Paid-to-Allowed Ratio is derived by applying expected distribution of business by benefit plan to the cost-share estimates. The expected distribution of business by benefit plan originates from CHLIC's internal estimates.

The paid-to-allowed ratio for each plan in this filing is consistent with the Actuarial Value of the plans. However, fluctuations do exist as a result of differences in the experience underlying CHLIC's manual rate and the experience underlying the continuance tables in the AV calculator. These dissimilarities result from the following differences:

- The CPD used to calculate member vs. insurer cost-share is different from the underlying claims distribution in the continuance tables of the AV Calculator. The continuance tables are based on the default standard population developed by HHS using 2010 claims and enrollment from a national commercial database. The CPD, on the other hand, is based on claims and enrollment data from Cigna's national group book of business. This experience based CPD has a larger volume of its distribution at the tail, which represents higher average costs.
- The underlying cost assumptions for copays are different in the AV Calculator as compared to Cigna's experience. Since most of the proposed plans represented in this filing have copay based cost-sharing for Primary Care Physician and Specialist office visits and some plans have copays on additional services, this causes a difference between the Paid-to-Allowed ratio and the Metal AV for most plans.

- The AV Tool only accounts for in-network benefits, whereas the paid-to-allowed ratio incorporates the impact of out-of-network benefits as well.
- Cost-sharing for certain benefits, such as separate copays for urgent care, is not captured in the AV Tool, whereas CHLIC takes these benefits into account when deriving the paid-to-allowed ratio.

9. RISK ADJUSTMENT & REINSURANCE

a. Projected Risk Adjustments (PMPM)

CHLIC is not expecting Risk Adjustment to have an impact on its index rate. While it is likely to see risk transfer payments across plans due to differences in enrolled distributions by metal level and age, CHLIC anticipates the net impact of these transfers to be negligible across the entire portfolio. The index rate has been developed to represent our expectation of the industry average medical costs as well as distribution of enrollment by age & metal tier for the Individual Market for 2014. Since we expect that CHLIC will get the same proportion by age and plan of the market as all other companies and we have factored this into the development of the index rate, there is no expected transfer payment.

b. Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

To estimate reinsurance contributions, an annual contribution of \$63 per covered life is assumed. Reinsurance payments have been estimated using a representative sample of nationwide group claims data. This data consisted of member-level claims data from October 2011 through November 2012 trended to a 2014 basis. In our analysis, it is not anticipated that the increased morbidity risk will cause a higher distribution of claims to fall within or outside the parameters set for the reinsurance program. We believe that this claims data is representative of the annual distribution of claims per member we expect in 2014. Based on our claims data and the federal reinsurance parameters, we estimate that reinsurance will cover 12.5% of paid claims. This 12.5% decrement to medical costs is applied evenly across all plans as a constant multiplicative factor.

The net effect on plan costs (contributions minus payments) is expected to be \$32.84 PMPM. Since reinsurance payments are calculated as a percentage of medical costs, but the contribution is a fixed PMPY, the expected impact PMPM is based on CHLIC's assumed distribution of membership across plans and ages.

10. NON-BENEFIT EXPENSES, PROFIT, & RISK

The following table illustrates anticipated breakdown of the retention components. It should be noted that the administrative expenses below reflect that CHLIC is pricing to scalable membership. Hence, these expenses reflect the PMPM amount that will be incurred if CHLIC attains scale, which is not anticipated for the rating period. Actual expenses on both a PMPM and percentage of premium basis will vary based on the actual size and distribution of membership by age and plan.

Retention Component	% of Premium
Administrative Expense	13.6%
Profit Margin	2.5%
Taxes & Fees (including ACA expenses)	4.3%
Total Retention	20.4%

a. Administrative Expense Load

CHLIC's non-medical expenses are split out as follows:

- Acquisition admin expense – this includes, but is not limited to, incentive compensation & salaries for brokers and agents, commissions†, marketing costs (working media & non-working media), and vendor fees.
- Recurring admin expense – this includes, but is not limited to, costs relating to customer analytics, service operations, account management, and corporate overhead.

The administrative expense load is based on internal estimates from CHLIC's Financial Analysis team and is deemed appropriate for the plans proposed in this filing. To determine this load, membership for CHLIC's benefit plans is projected as outlined in Section 15.

This membership is then applied to known budgeted amounts for administrative expenses to determine a PMPM amount across all plans. The percentage load for administrative expenses varies by plan as the PMPM value represents a higher proportion in plans with lower premiums. Based on the projected enrollment, this load is expected to be 13.6% as shown above. In the event that actual membership size and distribution differs from expectations, this figure may vary.

† Commissions vary based on distribution channel. Since premium rates for plans must be the same across all channels, CHLIC has socialized its commissions based on expected membership distribution by acquisition type. CHLIC expects its exchange customers to be referred through a blend of all distribution channels (i.e. broker, direct to consumer, etc.) and purely via the Exchange without any external referral. Hence, the commissions for the Exchange channel are calculated as a weighted average of these acquisition types.

b. Profit & Risk Margin

CHLIC has targeted a 2.5% profit margin that is built into its premium rates. This target is based on CHLIC attaining scalable membership, which is not expected for the rating period. In the event that actual membership size and distribution differs from expectations, the actual profit margin may vary. There is no additional risk margin load.

c. Taxes & Fees

Please note that the TRP fee has been included in Section 9b with the projected reinsurance recoveries and has not been included in the taxes & fees shown in this section.

- Premium Tax for the State of Colorado is applied as 1.00% of premium
- Exchange User Fee is applied as 1.12% of premium†
- PCORI Fee is applied as \$2.00 PMPY
- Health Insurer's Fee is applied as 2.20% of premium
- Risk Adjustment User Fee is applied as \$1.00 PMPY

‡ Exchange User Fees are applied as an adjustment to the index rate at the market level. Hence, the 1.40% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in the 1.12% expected fee.

11. PROJECTED LOSS RATIO

The projected 2014 PPACA MLR, without adjustment for credibility, for CHLIC individual products is 81.70%.

A demonstration of the projected MLR is illustrated below:

PPACA 2014 MLR		
1	Member Months	\$ 178,193
2	Incurred Claims	\$ 53,229,406
3	Claims Adjustment*	\$ (6,175,976)
4	Numerator (2 + 3)	\$ 47,053,430
5	Earned Premium	\$ 59,712,474
6	Premium Adjustment**	\$ (2,117,736)
7	Denominator (5 + 6)	\$ 57,594,739
8	Credibility Factor	2.28%
9	Avg Deductible Factor	126.84%
10	Credibility Adjustment (8 x 9)	2.89%
11	PPACA MLR w/o Credibility (4 ÷ 7)	81.70%
12	PPACA MLR w/ Credibility (10 + 11)	84.59%

* Quality Improvement Activities, Traditional Reinsurance Receipts, Net Risk Adjustment & Risk Corridor Receipts

** Premium/Payroll/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- Member Months – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell X47 in Worksheet 1 of the Part 1 URR Template.
- Incurred Claims – projections for incurred claims are developed by applying the anticipated loss ratio before reinsurance recoveries to the projected earned premium.
- Claims Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- Earned Premium – projections for earned premium are developed by applying the projected average rate PMPM from Cell F80 in Worksheet 2 of the Part 1 URR Template to the expected member months projections specified earlier.
- Premium Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2014 (Final Rule)
- Credibility Adjustment – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

12. INDEX RATE

The Index Rate for the Projection Period identified in Worksheet 1, Section 3, of the Part 1 URR Template was generated using the same methodology as used in determining the Single Risk Pool Gross Premium Average Rate (PMPM) in Cell V43 of Worksheet 1 in the Part 1 URR Template. Hence, the Projected Index Rate is a representation of the expected Allowable Claims PMPM for 2014 and it incorporates the impact of trend, benefit, and demographic differences. Furthermore, there are no benefits in excess of the EHBs that are being covered under the proposed plans in 2014. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing and we do not plan to offer them in 2014.

As mentioned earlier, CHLIC is not expecting risk adjustment to have an impact on its index rate as we anticipate the net impact of transfer payments across plans to be negligible across the entire portfolio. The index rate has also been adjusted for net recoveries resulting from the reinsurance program. This equates to an impact of \$32.84 PMPM on the index rate.

It should be noted that only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the projected index rate to arrive at each plan-level rate:

- The AV of the plan
- The cost-sharing design of the plan
- The plan's provider network, delivery system characteristics, and utilization management practices
- Administrative costs, excluding Exchange user fees

The derivation of the plan level rate from the index rate is illustrated in Section 14 below.

13. AV METAL VALUES

The AV Metal Values shown in Worksheet 2 of the Part 1 URR Template were based entirely on the AV Calculator, with the exception of the following benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Cost-Sharing for Pharmacy Retail vs. Home-Delivery Service
- Copays for Outpatient Services (for copay-based benefit plan designs)
- Limited Specialist Copays (for benefit plans with limited specialist office visits)

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). This alternate methodology and the reason for its use is explained in the accompanying actuarial certification titled "Unique Plan Design Supporting Documentation & Justification".

14. AV PRICING VALUES

Pricing AV represents the cost to CHLIC of providing coverage under each plan (incurred claims & administrative costs) as a percentage of the cost of providing coverage for a fixed reference plan. The fixed reference plan, in this case, is selected as 49375CO0020010

A demonstration of how the Pricing AV's are derived from the Metal AV's is shown below:

Derivation of Pricing AV from Metal AV											
	Plan ID										
	49375CO002001	49375CO002002	49375CO002003	49375CO002004	49375CO002005	49375CO002006	49375CO002007	49375CO002008	49375CO002009	49375CO002010	49375CO002011
Metal AV	58.2%	60.3%	62.0%	68.4%	69.1%	68.6%	69.4%	71.7%	78.6%	80.6%	79.3%
Benefits Additional to EHBs	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Impact of Provider Network	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Admin Costs (excluding Exchange User Fee)	1.02	1.02	1.01	1.00	1.00	1.00	1.00	0.98	0.98	0.97	0.98
Impact of Cost-Sharing Design	0.97	0.98	1.02	1.01	0.99	1.02	1.01	1.08	1.02	1.06	1.06
Adjusted AV	57.9%	60.2%	63.6%	68.6%	68.2%	69.6%	70.1%	76.5%	78.8%	83.0%	81.8%
Pricing AV	69.8%	72.5%	76.6%	82.7%	82.2%	83.9%	84.4%	92.2%	94.9%	100.0%	98.5%

- It should be noted that although “Impact of Provider Network” is shown as having no impact in the calculation above, the preceding table illustrates an average across the entire state. Hence, premium rates may vary between rating areas within the state as a result of differences in medical costs and provider contracts, which is not reflected above. Nevertheless, there is no impact due to provider network by benefit plan as there is no variation in provider network or delivery systems across plans, only by area.
- “Admin costs” are calculated on a PMPM and percentage of premium basis and, thus, may vary as a percentage of premiums across plans. Consequently, that impact is captured in the table above.
- The “Impact of Cost Sharing Design” corresponds to differences in utilization patterns for service categories between the AV Calculator and the data underlying the derivation of the Manual Rate. This difference was estimated by running the proposed plan designs through the AV Calculator (using its standard continuance tables) and then through CHLIC's pricing model with the CPD that serves as the underlying dataset for derivation of the Manual Rate. The difference between the two approaches was then subsequently quantified.

CHLIC is not incorporating any impact of different morbidity or health status of individuals who select certain plans in the derivation of the Pricing AV from the Metal AV.

The Adjusted AV represents the impact of applying the allowable modifiers to the Metal AV, which is shown in the table above. The Pricing AV demonstrates the relationship of the Adjusted AV between each respective plan and the reference plan, 49375CO0020010.

15. MEMBERSHIP PROJECTIONS

The membership projections for CHLIC's benefit plans are developed internally as best estimates generated by applying CGLIC's current market share percentages to the addressable market opportunity developed by an SOA sponsored study, “Cost of the Future Newly Uninsured under the Affordable Care Act (ACA)”. There have been additional adjustments made to take into account specific market strategies including the anticipated impacts of the new networks developed by CHLIC.

For Silver metal plans, the projected enrollment subject to cost-sharing reduction subsidies at each level is developed based on the Distribution of Population by FPL as outlined in the SOA sponsored study, “Design & Implementation Considerations of ACA Risk Mitigation Programs”. CHLIC applied adjustments to the results of the study to account for expected differences in the general population and anticipated covered population that are outlined below:

- It is assumed that not all individuals above the 250% FPL level will buy silver plans, as some of them may opt for benefit plans on a different metal tier.
- Since Colorado has opted for expansion of its Medicaid program, only the 139%-150% FPL bracket was considered when developing an estimate for the population that will enroll in the 94% Silver CSR plan.
- The study mentioned above did not split out the 200%-299% FPL bracket. For purposes of this calculation, it was assumed that the population is uniformly distributed within that bracket. Hence, 50% of the 200%-299% FPL bracket was assumed to fall in the 200%-250% FPL bracket and, thus, be eligible for the 73% Silver CSR plan.

The resulting projected enrollment by plan and subsidy level is outlined below:

Distribution by Plan by CSR-Level				
Plan ID	139%-150% FPL	150%-200% FPL	200%-250% FPL	>250% FPL
49375CO0020004	6%	25%	20%	49%
49375CO0020005	6%	25%	20%	49%
49375CO0020006	6%	25%	20%	49%
49375CO0020007	6%	25%	20%	49%
49375CO0020008	6%	25%	20%	49%

16. TERMINATED PRODUCTS

CHLIC does not currently have any products so this section is not applicable.

17. PLAN TYPE

All plans in this filing are categorized as PPO plans.

18. WARNING ALERTS

Cell A82 – This cell shows a “Warning”, indicating that the Total Premium built up on Wksh 1 – Market Experience does not equal the Total Premium on Wksh 2 – Plan Product Info. Internally, we do not build up our rates in the exact same manner as in Wksh 1, so while the premiums are similar, they will not be exactly equal. However, as can be seen in cells B80 and F80 the premiums PMPM are within 2% of each other. Wksh 2 forces the projected member months (row 47) to be rounded, so even if the premiums were identical, instead of within 2% of each other, there would still be a “Warning” displayed in cell A82.

Cell A86 – We believe the formula in cell B86 is incorrect, as B86 calculates allowed premiums net of reinsurance and risk adjustment, whereas the instructions indicate this number should be gross of reinsurance and risk adjustment. If we change the calculations in row 86 to be net of reinsurance and risk adjustment, cell A86 will display “Ok”; however, doing so will cause an error in cell A99, which looks at the Allowed Claims PMPM gross of reinsurance and risk adjustment.

19. EFFECTIVE RATE REVIEW INFORMATION

a. Financial Information

Cigna Health & Life Insurance Company (CHLIC)				
(\$ Millions)	2010	2011	2012	2013 (Proj)
Stat Capital & Surplus [Pg 3, Line 38]	51	543	1,018	1,933
Authorized Control Level RBC	3	44	172	366

CHLIC is in strong financial condition. The YE 2012 ACL RBC ratio was 605%. In prior years when the Company was significantly smaller, the RBC ratio was much higher. For the next few years, we expect to maintain an ACL RBC ratio in the 500% to 600% range. The proposed plans and rates will have an immaterial impact on the company's financial condition, even with significant membership growth.

b. Rating Information

Premium rating rules as per PPACA have been adhered to. CHLIC is only adjusting premium rates for the following factors:

- Age – the Federal Age Slope as prescribed by HHS is used to determine rates by age.
- Area – rates vary by prescribed rating areas as shown in the rates template.
- Tobacco – rates vary by tobacco usage, but not by more than a 1.15:1 ratio as shown in the rates template.

- Family size – A maximum of 3 dependents under the age of 21 will be used to determine a rate for a family policy as shown in the business rules template.

To see the proposed rate manual by age, area and tobacco user status please reference the accompanying Rate Template. For other rating rules used in deriving the premium please refer to the accompanying Business Rules Template.

A description of the benefits for all plans proposed in this filing is shown in the accompanying PlansBenefits Template.

Please note that CHLIC shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit and a standalone exchange-certified pediatric dental policy.

c. Other

CHLIC's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 78%.

20. RELIANCE

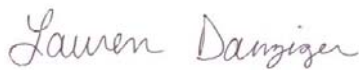
In preparing the Part 1 Unified Rate Review Template submission, I have relied on data and analysis provided by Seth Truka, FSA, MAAA. In addition, I have relied on external sources in order to develop the underlying assumptions for the development of the proposed premium rate. These sources are outlined below:

- Clark, A. (FSA, MAAA), & O'Connor, J. T. (FSA, MAAA).
Design and Implementation Considerations of ACA Risk Management Programs.
Society of Actuaries (2012)
- Haught, R., & Ahrens, J.
Cost of the Future Newly Insured under the Affordable Care Act (ACA).
Society of Actuaries (2012)

21. ACTUARIAL CERTIFICATION

I, Lauren Danziger, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - ASOP #41, Actuarial Communications
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
- b) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- c) The percent of total premium that represents essential health benefits included in Worksheet 2, Sections IV, of the Part 1 URR Template was calculated in accordance with applicable Actuarial Standards of Practice
- d) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, save the exceptions shown in Section 13 and which are further explained in the accompanying actuarial certification “Unique Plan Design Supporting Documentation & Justification”.



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May 10, 2013
Date